

2012

Prescription Drug Guide

• • •

Humana Group Medicare Formulary

List of covered drugs

Humana Group Medicare National
11

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.

Welcome to Humana Group Medicare!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

What is the formulary?

A formulary is a list of covered drugs selected by Humana Group Medicare who worked with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Humana Group Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Humana Group Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Generally, if you take a drug on our 2012 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less-expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, won't affect members who currently take the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it's important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits, or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we'll immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. Our printed formularies will be updated each month and will be available on **Humana.com**.

To get updated information about the drugs covered by Humana, please visit **Humana.com**. Simply select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

For help and information, prospective members please call the Customer Care number listed in your enrollment materials. Current members should call the number listed in your Annual Notice of Change or Evidence of Coverage or the number on the back of your Membership card.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 152. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Drugs are grouped into one of four tiers - 1, 2, 3, or 4.

- **Tier 1 - Preferred Generic:** Drugs that have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand drugs. Your cost for generic drugs is usually lower than your cost for brand drugs.
- **Tier 2 - Preferred Brand:** Drugs that Humana Group Medicare offers at a higher cost to you than preferred generics, and brand prescription drugs that Humana Group Medicare offers at a lower cost to you than non-preferred brand drugs.
- **Tier 3 - Non-Preferred Brand:** Drugs that Humana Group Medicare offers at a higher cost to you than preferred brands.
- **Tier 4 - Specialty Tier:** Some injectables and other high-cost drugs.

How much will I pay for Covered Drugs?

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage or call Customer Care to find out what your costs are. Humana Group Medicare pays part of the costs for your covered drugs and you pay part of the costs, as well.

The amount you pay depends on which drug category your drug falls under in the formulary and whether you fill your prescription at a network pharmacy.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** Humana Group Medicare requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Humana Group Medicare before you fill your prescriptions. If you don't get approval, Humana Group Medicare may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, Humana Group Medicare limits the amount of the drug that we'll cover. Humana Group Medicare might limit how many refills you can get, or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Specialty drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, Humana Group Medicare requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Humana Group Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana Group Medicare will then cover Drug B.
- **Part B versus Part D (B vs D):** This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug so we can make the determination.

For drugs that require prior authorization, step therapy, or fall outside of the noted quantity limits, the doctor must fax the request to Humana Group Medicare at **1-877-486-2621**. Representatives are available Monday through Friday, 8 a.m. to 6 p.m.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9.

You also can get more information about the restrictions applied to specific covered drugs by visiting our website at **Humana.com**. Simply select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

You can ask Humana Group Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug isn't included in this list of covered drugs, you should visit **Humana.com** to see if your drug is covered. Or contact Customer Care and ask if your drug is covered.

If you learn that Humana Group Medicare does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Humana Group Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Humana Group Medicare.
- You can ask Humana Group Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the formulary?

You can ask Humana Group Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it's not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Humana Group Medicare limits the amount of the drug that we'll cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is usually considered a non-preferred drug, you can ask us to cover it as a preferred instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Humana Group Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions wouldn't be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. When you're requesting a formulary tier or utilization restriction exception you should submit a statement from your doctor supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing doctor's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing doctor's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that aren't on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we'll cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you're a member of our plan.

For each of your current Part D drugs that are not on our formulary or if your ability to get your drugs is limited, we'll cover a temporary 30-day supply (unless you have a prescription written for fewer days in which case we'll allow multiple fills to provide up to a total of 30 days of medication) when you go to a pharmacy. After your first 30-day supply, we won't pay for these drugs, even if you have been a member of the plan less than 90 days unless a formulary exception has otherwise been granted.

If you're a resident of a long-term care facility, we'll cover a temporary 102-day transition supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for the first 90 days you're a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited and you're past the first 90 days of membership in our plan, we'll cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Throughout the plan year, you may have a change in your treatment setting due to the level of care you require. Such transitions include:

- Members who are discharged from a hospital or skilled nursing facility to a home setting.
- Members who are admitted to a hospital or skilled nursing facility from a home setting.
- Members who transfer from one skilled nursing facility to another and are served by a different pharmacy.
- Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to now use their Part D plan benefit.
- Members who give up Hospice Status and revert back to standard Medicare Part A and B coverage.
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens.

For these changes in treatment settings, Humana Group Medicare will cover up to a 34-day temporary supply of a Part D covered drug when your prescription is filled at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana Group Medicare will review these requests for continuation of therapy on a case-by-case basis when you're on a stabilized drug regimen that, if altered, is known to have risks.

Transition Extension

Humana Group Medicare makes arrangements to continue to provide necessary drugs to you via an extension of the transition period, on a case-by case basis, when your exception request or appeal has not been processed by the end of your transition period.

A member Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Part D formulary is displayed.

For More Information

For more detailed information about your Humana Group Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Humana, please visit our website at **Humana.com**. Simply select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

If you have questions, prospective members please call the Customer Care number listed in your enrollment materials. For current members please call the number listed in your ANOC or EOC or the number on the back of your Membership card.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. Or, visit **www.medicare.gov**.

Humana Group Medicare Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana Group Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 152.

How to read your formulary

The first column of the chart lists categories of medical condition in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand name drugs are CAPITALIZED and generic drugs are listed in lower case. Next to the drug name you may see an indicator to tell you about additional coverage for that drug. The following indicators may be displayed:

GB - Select brand drugs that are covered in the gap.

GC - Tier 1 or Tier 2 medications that are covered in the gap.

HI - Home Infusion drugs that are covered in the gap.

SP - Drugs that are typically available through a specialty pharmacy. Please check with your specialty pharmacy to make sure your drug is available.

MO - Drugs that are typically available through mail-order. Please check with your mail-order pharmacy to make sure your drug is available.

The second column lists the tier of the drug. See page 4 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. Humana Group Medicare may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply is based on benefits and whether your doctor prescribes a 30-, 60-, or 90-day supply. The amount of any quantity limits will also be in this column (Example: QL - 30 for 30 days). See page 4 for more details on these requirements for your plan.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG IV SOLUTION SP	4	PA,QL (700 per 21 days)
adriamycin 10 mg iv solution GC,MO	2	B vs D
adriamycin 10 mg/5 ml iv GC,MO	2	B vs D
adriamycin 20 mg iv solution GC,MO	2	B vs D
adriamycin 20 mg/10 ml iv GC,MO	2	B vs D
ADRIAMYCIN 50 MG IV SOLUTION GC,MO	2	B vs D
adriamycin 50 mg/25 ml iv GC,MO	2	B vs D
adriamycin pfs 2 mg/ml iv GC,MO	2	B vs D
AFINITOR 10 MG TAB SP	4	PA,QL (30 per 30 days)
AFINITOR 2.5 MG TAB SP	4	PA,QL (30 per 30 days)
AFINITOR 5 MG TAB SP	4	PA,QL (30 per 30 days)
ALIMTA 100 MG IV SOLUTION SP	4	PA
ALIMTA 500 MG IV SOLUTION SP	4	PA
ALKERAN 2 MG TAB MO	4	B vs D
ALKERAN 50 MG IV SOLUTION SP	4	B vs D
anastrozole 1 mg tablet GC,MO	1	QL (30 per 30 days)
ARIMIDEX 1 MG TAB MO	3	PA,QL (30 per 30 days)
AROMASIN 25 MG TAB MO	3	PA
ARRANON 250 MG/50 ML IV SP	4	PA
ARZERRA 1,000 MG/50 ML IV SP	4	PA,QL (400 per 28 days)
ARZERRA 100 MG/5 ML IV SP	4	PA,QL (80 per 30 days)
AVASTIN 25 MG/ML IV SP	4	PA
bicalutamide 50 mg tablet GC,MO	1	QL (30 per 30 days)
BICNU 100 MG IV SOLUTION SP	3	B vs D
bleomycin sulfate 15 unit vial GC,MO	2	B vs D
bleomycin sulfate 30 unit vial GC,MO	2	B vs D
BUSULFEX 60 MG/10 ML IV MO	3	B vs D
CAMPATH 30 MG/ML IV SP	4	
CAMPTOSAR 100 MG/5 ML IV SP	3	B vs D
CAMPTOSAR 300 MG/15 ML IV SP	4	B vs D
CAMPTOSAR 40 MG/2 ML IV SP	4	B vs D
CAPRELSA 100 MG TAB SP	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TAB SP	4	PA,QL (30 per 30 days)
carboplatin 150 mg vial GC,MO	2	B vs D
carboplatin 450 mg vial GC,MO	2	B vs D
carboplatin 50 mg/5 ml vial GC,MO	2	B vs D
CASODEX 50 MG TAB MO	3	QL (30 per 30 days)
CEENU 10 MG CAP SP	3	
CEENU 100 MG CAP SP	3	
CEENU 40 MG CAP SP	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CERUBIDINE 20 MG IV SOLUTION MO	3	B vs D
cisplatin 1 mg/ml vial GC,MO	2	B vs D
cladribine 10 mg/10 ml vial GC,SP	1	B vs D
CLOLAR 20 MG/20 ML IV SP	4	B vs D
COSMEGEN 0.5 MG IV SOLUTION SP	4	B vs D
cyclophosphamide 1 gm vial GC,MO	2	B vs D
cyclophosphamide 2 gm vial GC,MO	2	B vs D
cyclophosphamide 25 mg tab GC,MO	2	B vs D
cyclophosphamide 50 mg tablet GC,MO	2	B vs D
cyclophosphamide 500 mg vial GC,MO	2	B vs D
cytarabine 1 gm vial GC,MO	1	B vs D
cytarabine 100 mg vial GC,MO	1	B vs D
cytarabine 100 mg/ml vial GC,MO	1	B vs D
cytarabine 2 gm vial GC,MO	1	B vs D
cytarabine 20 mg/ml vial GC,MO	1	B vs D
cytarabine 500 mg vial GC,MO	1	B vs D
dacarbazine 100 mg vial GC,MO	1	B vs D
dacarbazine 200 mg vial GC,MO	1	B vs D
DACOGEN 50 MG IV SOLUTION SP	4	PA
dactinomycin 0.5 mg vial GC,SP	2	B vs D
daunorubicin 20 mg vial GC,MO	1	B vs D
daunorubicin 50 mg/10 ml vial GC,MO	1	B vs D
DAUNOXOME 2 MG/ML IV SP	3	B vs D
DEPOCYT 50 MG/5 ML (10 MG/ML) SUSP, INTRATHECAL SP	4	B vs D
DOCEFREZ 20 MG IV SOLUTION SP	4	B vs D
DOCEFREZ 80 MG IV SOLUTION SP	4	B vs D
docetaxel 160 mg/16 ml vial SP	4	B vs D
docetaxel 20 mg/0.5 ml vial SP	4	B vs D
docetaxel 20 mg/2 ml vial SP	4	B vs D
docetaxel 20 mg/ml vial SP	4	B vs D
docetaxel 80 mg/2 ml vial SP	4	B vs D
docetaxel 80 mg/4 ml vial SP	4	B vs D
docetaxel 80 mg/8 ml vial SP	4	B vs D
DOXIL 2 MG/ML IV SP	4	B vs D
doxorubicin 10 mg vial GC,MO	1	B vs D
doxorubicin 10 mg/5 ml vial GC,MO	1	B vs D
doxorubicin 20 mg/10 ml vial GC,MO	1	B vs D
doxorubicin 200 mg/100 ml vial GC,MO	1	B vs D
doxorubicin 50 mg vial GC,MO	1	B vs D
doxorubicin 50 mg/25 ml vial GC,MO	1	B vs D
DROXIA 200 MG CAP MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROXIA 300 MG CAP MO	3	
DROXIA 400 MG CAP MO	3	
ELIGARD 22.5 MG SUB-Q SYRINGE SP	3	PA
ELIGARD 30 MG SUB-Q SYRINGE SP	3	PA
ELIGARD 45 MG SUB-Q SYRINGE SP	3	PA
ELIGARD 7.5 MG SUB-Q SYRINGE SP	3	PA
ELLENCE 200 MG/100 ML IV MO	4	B vs D
ELLENCE 50 MG/25 ML IV MO	4	B vs D
ELOXATIN 100 MG/20 ML SOLN SP	4	B vs D
ELOXATIN 200 MG/40 ML SOLN SP	4	B vs D
ELOXATIN 50 MG/10 ML (5 MG/ML) SOLN SP	4	B vs D
ELSPAR 10,000 UNIT SOLUTION FOR INJECTION MO	3	B vs D
EMCYT 140 MG CAP MO	3	
epirubicin 10 mg/5 ml vial MO	3	B vs D
epirubicin 150 mg/75 ml vial MO	3	B vs D
epirubicin 200 mg/100 ml vial MO	3	B vs D
epirubicin 50 mg/25 ml vial MO	3	B vs D
epirubicin hcl 200 mg vial MO	3	B vs D
epirubicin hcl 50 mg vial MO	3	B vs D
ERBITUX 100 MG/50 ML IV SP	4	PA
ERBITUX 200 MG/100 ML IV SP	4	PA
ETOPOPHOS 100 MG IV SOLUTION MO	4	B vs D
etoposide 100 mg/5 ml vial GC,MO	2	
etoposide 50 mg capsule MO	4	
exemestane 25 mg tablet GC,MO	2	
FARESTON 60 MG TAB MO	3	QL (30 per 30 days)
FASLODEX 125 MG/2.5 ML SYRNGE MO	4	B vs D,QL (10 per 30 days)
FASLODEX 250 MG/5 ML IM SYRINGE SP	4	B vs D,QL (10 per 30 days)
FEMARA 2.5 MG TAB MO	3	PA,QL (30 per 30 days)
FIRMAGON 120 MG SUB-Q SOLN SP	4	PA,QL (6 per 365 days)
FIRMAGON 80 MG SUB-Q SOLN SP	3	PA,QL (4 per 28 days)
floxuridine 500 mg vial GC,MO	1	B vs D
FLUDARA 50 MG IV SOLUTION MO	4	B vs D
fludarabine 50 mg vial GC,MO	1	B vs D
fludarabine 50 mg/2 ml vial GC,MO	1	B vs D
fluorouracil 1,000 mg/20 ml v _l GC,MO	2	B vs D
fluorouracil 2,500 mg/50 ml v _l GC,MO	2	B vs D
fluorouracil 5,000 mg/100 ml GC,MO	2	B vs D
fluorouracil 500 mg/10 ml vial GC,MO	2	B vs D
flutamide 125 mg capsule GC,MO	2	
gemcitabine hcl 1 gram vial SP	4	B vs D

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gemcitabine hcl 2 gram vial SP	4	B vs D
gemcitabine hcl 200 mg vial SP	4	B vs D
GEMZAR 1 GRAM IV SOLUTION SP	4	B vs D
GEMZAR 200 MG IV SOLUTION SP	4	B vs D
GLEEVEC 100 MG TAB SP	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TAB SP	4	PA,QL (60 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML) IV SP	4	PA,QL (6 per 21 days)
HERCEPTIN 440 MG IV SOLUTION SP	4	PA
HEXALEN 50 MG CAP MO	4	
HYCAMTIN 0.25 MG CAP SP	4	B vs D
HYCAMTIN 1 MG CAP SP	4	B vs D
HYCAMTIN 4 MG IV SOLUTION SP	4	B vs D
HYDREA 500 MG CAP MO	3	
hydroxyurea 500 mg capsule GC,MO	1	
IDAMYCIN PFS 1 MG/ML IV MO	4	B vs D
idarubicin hcl 20 mg/20 ml vl MO	4	B vs D
IFEX 1 GRAM IV SOLUTION MO	3	B vs D
IFEX 3 GRAM IV SOLUTION MO	3	B vs D
ifosfamide 1 gm vial GC,MO	2	B vs D
ifosfamide 1 gm/ 20 ml vial GC,MO	2	B vs D
ifosfamide 3 gm vial GC,MO	2	B vs D
ifosfamide 3 gm/ 60 ml vial GC,MO	2	B vs D
ifosfamide-mesna kit GC,MO	2	B vs D
IRESSA 250 MG TAB SP	4	QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml vl SP	3	B vs D
irinotecan hcl 40 mg/2 ml vial SP	3	B vs D
irinotecan hcl 500 mg/25 ml vl SP	3	B vs D
ISTODAX 10 MG/2 ML IV SOLUTION SP	4	PA
IXEMPRA 15 MG IV SOLUTION SP	4	PA
IXEMPRA 45 MG IV SOLUTION SP	4	PA
letrozole 2.5 mg tablet GC,MO	2	QL (30 per 30 days)
LEUKERAN 2 MG TAB GC,MO	2	
leuprolide 2wk 1 mg/0.2 ml kt GC,SP	2	PA,QL (3 per 14 days)
LEUSTATIN 10 MG/10 ML IV SP	4	B vs D
LUPRON DEPOT (3 MONTH) 11.25 MG IM KIT SP	3	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG IM SYRINGE KIT SP	3	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG IM SYRINGE KIT SP	3	PA,QL (1 per 120 days)
LUPRON DEPOT (6 MONTH) 45 MG IM SYRINGE KIT SP	4	PA,QL (1 per 180 days)
LUPRON DEPOT 3.75 MG IM KIT SP	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG IM SYRINGE KIT MO	3	PA,QL (1 per 30 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG IM SYRINGE KIT MO	3	PA,QL (1 per 90 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT-PED (3 MONTH) 30 MG IM SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT-PED 11.25 MG IM KIT SP	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG IM KIT SP	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) IM KIT SP	4	PA,QL (1 per 28 days)
LYSODREN 500 MG TAB GC,MO	2	
MATULANE 50 MG CAP SP	4	
MEGACE ES 625 MG/5 ML ORAL SUSP MO	3	
megestrol 20 mg tablet GC,MO	2	
megestrol 40 mg tablet GC,MO	2	
megestrol acet 40 mg/ml susp GC,MO	2	
melphalan hcl 50 mg vial GC,SP	1	B vs D
mercaptopurine 50 mg tablet GC,MO	2	
methotrexate 1 gm vial GC,MO	1	
methotrexate 1 gm/40 ml vial GC,MO	1	
methotrexate 2.5 mg tablet GC,MO	1	
methotrexate 25 mg/ml vial GC,MO	1	
mitomycin 20 mg vial GC,MO	2	B vs D
mitomycin 40 mg vial GC,MO	2	B vs D
mitomycin 5 mg vial GC,MO	2	B vs D
mitoxantrone 20 mg/10 ml vial GC,SP	2	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION SP	3	B vs D
MYLERAN 2 MG TAB MO	3	
MYLOTARG 5 MG VIAL SP	4	
NEXAVAR 200 MG TAB SP	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TAB MO	3	QL (60 per 30 days)
NIPENT 10 MG IV SOLUTION SP	4	B vs D
NOVANTRONE 2 MG/ML VIAL SP	4	B vs D
OFORTA 10 MG TABLET SP	4	
ONCASPAR 750 UNIT/ML INJECTION SP	4	B vs D
ONTAK 150 MCG/ML IV SP	4	
onxol 6 mg/ml concentrate, iv SP	4	B vs D
oxaliplatin 100 mg vial GC,MO	1	B vs D
oxaliplatin 100 mg/20 ml vial GC,SP	1	B vs D
oxaliplatin 50 mg vial GC,MO	1	B vs D
oxaliplatin 50 mg/10 ml vial GC,SP	1	B vs D
paclitaxel 100 mg/16.7 ml vial GC,SP	2	B vs D
pentostatin 10 mg vial GC,SP	1	B vs D
PHOTOFRIN 75 MG IV SOLUTION MO	4	B vs D
PROLEUKIN 22 MILLION UNIT IV SOLUTION SP	4	
PURINETHOL 50 MG TAB MO	3	
REVLIMID 10 MG CAP SP	4	PA,QL (21 per 28 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVLIMID 15 MG CAP SP	4	PA,QL (21 per 28 days)
REVLIMID 25 MG CAP SP	4	PA,QL (21 per 28 days)
REVLIMID 5 MG CAP SP	4	PA,QL (21 per 28 days)
RHEUMATREX 2.5 MG TABS IN A DOSE PACK MO	3	
RITUXAN 10 MG/ML CONCENTRATE, IV SP	4	PA
SPRYCEL 100 MG TAB SP	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TAB SP	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TAB SP	4	PA,QL (90 per 30 days)
SPRYCEL 50 MG TAB SP	4	PA,QL (60 per 30 days)
SPRYCEL 70 MG TAB SP	4	PA,QL (60 per 30 days)
SPRYCEL 80 MG TAB SP	4	PA,QL (60 per 30 days)
SUTENT 12.5 MG CAP SP	4	PA,QL (28 per 28 days)
SUTENT 25 MG CAP SP	4	PA,QL (28 per 28 days)
SUTENT 50 MG CAP SP	4	PA,QL (28 per 28 days)
TABLOID 40 MG TAB GC,MO	1	
tamoxifen 10 mg tablet GC,MO	1	
tamoxifen 20 mg tablet GC,MO	1	
TARCEVA 100 MG TAB SP	4	PA,QL (30 per 30 days)
TARCEVA 150 MG TAB SP	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TAB SP	4	PA,QL (90 per 30 days)
TARGETIN 75 MG CAP SP	4	PA
TASIGNA 150 MG CAP SP	4	PA,QL (120 per 30 days)
TASIGNA 200 MG CAP SP	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/2 ML (FINAL CONC.) IV SP	4	B vs D
TAXOTERE 20 MG/ML (1 ML) IV SP	4	B vs D
TAXOTERE 80 MG/4 ML (20 MG/ML) IV SP	4	B vs D
TAXOTERE 80 MG/8 ML (FINAL CONC.) IV SP	4	B vs D
TEMODAR 100 MG CAP SP	4	PA,QL (60 per 30 days)
TEMODAR 100 MG IV SOLUTION SP	4	PA,QL (27 per 30 days)
TEMODAR 140 MG CAP SP	4	PA,QL (30 per 30 days)
TEMODAR 180 MG CAP SP	4	PA,QL (30 per 30 days)
TEMODAR 20 MG CAP SP	3	PA,QL (270 per 30 days)
TEMODAR 250 MG CAP SP	4	PA,QL (10 per 30 days)
TEMODAR 5 MG CAP SP	3	PA,QL (90 per 30 days)
thiotepa 15 mg vial GC,MO	1	B vs D
toposar 20 mg/ml iv MO	3	B vs D
topotecan hcl 4 mg vial SP	4	B vs D
topotecan hcl 4 mg/4 ml vial SP	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) IV SOLUTION SP	4	PA,QL (100 per 28 days)
TREANDA 100 MG IV SOLUTION SP	4	PA,QL (600 per 21 days)
TREANDA 25 MG IV SOLUTION SP	4	PA,QL (300 per 21 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRELSTAR 11.25 MG/2 ML IM SYRINGE SP	3	PA,QL (1 per 84 days)
TRELSTAR 22.5 MG IM SUSP SP	3	PA,QL (1 per 168 days)
TRELSTAR 22.5 MG/2 ML IM SYRINGE SP	3	PA,QL (1 per 168 days)
TRELSTAR 3.75 MG/2 ML IM SYRINGE SP	3	PA,QL (1 per 28 days)
TRELSTAR DEPOT 3.75 MG IM SUSP MO	3	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG IM SUSP MO	3	PA,QL (1 per 84 days)
tretinoin 10 mg capsule GC,SP	2	
TREXALL 10 MG TAB MO	3	
TREXALL 15 MG TAB MO	3	
TREXALL 5 MG TAB MO	3	
TREXALL 7.5 MG TAB MO	3	
TRISENOX 10 MG/10 ML IV SP	3	B vs D
TYKERB 250 MG TAB SP	4	PA,QL (150 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SP	4	
VANDETANIB 100 MG TABLET SP	4	PA,QL (60 per 30 days)
VANDETANIB 300 MG TABLET SP	4	PA,QL (30 per 30 days)
VECTIBIX 100 MG/5 ML (20 MG/ML) IV SP	4	PA
VECTIBIX 200 MG/10 ML VIAL MO	4	PA
VECTIBIX 400 MG/20 ML (20 MG/ML) IV SP	4	PA
VELCADE 3.5 MG IV SOLUTION SP	4	PA
VESANOID 10 MG CAPSULE SP	4	
VIDAZA 100 MG SUB-Q SOLN SP	4	PA
vinblastine 1 mg/ml vial GC,MO	1	B vs D
vinblastine sulf 10 mg vial GC,MO	1	B vs D
vincristine 1 mg/ml vial GC,MO	1	B vs D
vincristine 2 mg/2 ml vial GC,MO	1	B vs D
vinorelbine 10 mg/ml vial GC,MO	2	B vs D
vinorelbine 50 mg/5 ml vial GC,MO	2	
VOTRIENT 200 MG TAB SP	4	PA,QL (120 per 30 days)
VUMON 10 MG/ML IV MO	3	B vs D
XALKORI 200 MG CAP MO	4	PA,QL (60 per 30 days)
XALKORI 250 MG CAP MO	4	PA,QL (60 per 30 days)
XELODA 150 MG TAB SP	3	
XELODA 500 MG TAB SP	3	
YERVOY 200 MG/40 ML (5 MG/ML) IV SP	4	PA,QL (1 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) IV SP	4	PA,QL (3 per 21 days)
ZANOSAR 1 GRAM IV SOLUTION SP	3	B vs D
ZELBORAFL 240 MG TAB MO	4	PA,QL (240 per 30 days)
ZOLADEX 10.8 MG SUBQ IMPLANT SP	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBQ IMPLANT SP	3	PA,QL (1 per 28 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOLINZA 100 MG CAP SP	4	PA,QL (120 per 30 days)
ZYTIGA 250 MG TAB SP	4	PA,QL (120 per 30 days)
AUTONOMIC DRUGS		
AH-CHEW D SUSPENSION MO	3	
AH-CHEW D TABLET CHEW MO	3	
albuterol 0.083% inhal soln GC,MO	1	B vs D
albuterol 2.5 mg/0.5 ml sol GC,MO	1	B vs D
albuterol 5 mg/ml solution GC,MO	1	B vs D
albuterol sul 0.63 mg/3 ml sol GC,MO	1	B vs D
albuterol sul 1.25 mg/3 ml sol GC,MO	1	B vs D
albuterol sulf 2 mg/5 ml syrup GC,MO	1	
albuterol sulfate 2 mg tab GC,MO	1	
albuterol sulfate 4 mg tab GC,MO	1	
albuterol sulfate er 4 mg tab GC,MO	2	
albuterol sulfate er 8 mg tab GC,MO	2	
alfuzosin hcl er 10 mg tablet GC,MO	2	QL (30 per 30 days)
ANASPAZ 0.125 MG TAB, RAPID DISSOLVE MO	3	PA
atracurium 10 mg/ml vial GC,MO	1	
atropine 0.05 mg/ml syringe GC,MO	1	
atropine 0.1 mg/ml syringe GC,MO	1	
atropine 0.4 mg/0.5 ml ampul GC,MO	1	
atropine 0.4 mg/ml vial GC,MO	1	
atropine 1 mg/ml vial GC,MO	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	3	QL (30 per 30 days)
baclofen 10 mg tablet GC,MO	1	
baclofen 20 mg tablet GC,MO	1	
bethanechol 10 mg tablet GC,MO	2	
bethanechol 25 mg tablet GC,MO	2	
bethanechol 5 mg tablet GC,MO	2	
bethanechol 50 mg tablet GC,MO	2	
BROVANA 15 MCG/2 ML NEB SOLUTION MO	3	B vs D,QL (120 per 30 days)
CAFERGOT 1 MG-100 MG TAB MO	3	
CANTIL 25 MG TAB MO	3	
carisoprodol 250 mg tablet GC,MO	1	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet GC,MO	1	PA
carisoprodol compound tab GC,MO	1	PA
carisoprodol cpd-codeine tab GC,MO	2	PA
CHANTIX 0.5 MG TAB MO	3	QL (56 per 28 days)
CHANTIX 1 MG TAB MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK 1 MG TAB MO	3	QL (56 per 28 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHANTIX STARTING MONTH PAK 0.5 MG (11)-1 MG (3X14) TABS IN A DOSE PACK MO	3	QL (56 per 28 days)
COGNEX 10 MG CAPSULE MO	3	
COGNEX 20 MG CAPSULE MO	3	
COGNEX 30 MG CAPSULE MO	3	
COGNEX 40 MG CAPSULE MO	3	
COMBIVENT 18 MCG-103 MCG/ACTUATION AEROSOL INHALER MO	3	QL (30 per 28 days)
D.H.E.45 1 MG/ML INJECTION MO	4	
dantrolene sodium 100 mg cap GC,MO	2	
dantrolene sodium 25 mg cap GC,MO	2	
dantrolene sodium 50 mg cap GC,MO	2	
dihydroergotamine 1 mg/ml am GC,MO	2	
dobutamine 1 gm-d5w 250 ml GC,MO	1	
dobutamine 12.5 mg/ml vial GC,MO	1	
dobutamine 250 mg-d5w 250 ml GC,MO	1	
dobutamine 250 mg-d5w 500 ml GC,MO	1	
dobutamine 500 mg-d5w 250 ml GC,MO	1	
dobutamine 500 mg-d5w 500 ml GC,MO	1	
donepezil hcl 10 mg tablet GC,MO	1	QL (30 per 30 days)
donepezil hcl 5 mg tablet GC,MO	1	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet GC,MO	1	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet GC,MO	1	QL (30 per 30 days)
dopamine 160 mg/ml vial GC,MO	1	
dopamine 200 mg-d5w 250 ml GC,MO	1	
dopamine 40 mg/ml vial GC,MO	1	
dopamine 400 mg-d5w 250 ml GC,MO	1	
dopamine 400 mg-d5w 500 ml GC,MO	1	
dopamine 80 mg/ml vial GC,MO	1	
dopamine 800 mg-d5w 250 ml GC,MO	1	
dopamine 800 mg-d5w 500 ml GC,MO	1	
DUONEB 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEB SOLUTION MO	3	B vs D
ed-spaz 0.125 mg tab, rapid dissolve GC,MO	1	PA
ephedrine su 50 mg/ml vial GC,MO	1	
epinephrine 0.1 mg/ml syringe GC,MO	1	
epinephrine 0.15 mg auto-injct GC,MO	1	
epinephrine 0.3 mg auto-inject GC,MO	2	
epinephrine 1 mg/ml ampul GC,MO	1	
epinephrine 1 mg/ml vial GC,MO	1	
EPIPEN 0.3 MG/0.3 ML (1:1,000) IM INJECTOR GB,GC,MO	2	
EPIPEN JR 0.15 MG/0.3 ML (1:2,000) IM INJECTOR GB,GC,MO	2	
ERGOMAR 2 MG SUBLINGUAL TAB GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ergotamine-caffeine tablet GC,MO	1	
EXELON 2 MG/ML ORAL SOLN MO	3	QL (240 per 30 days)
EXELON 4.6 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EXELON 9.5 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG INHALATION CAPS GC,MO	2	QL (60 per 30 days)
galantamine 4 mg/ml oral soln GC,MO	2	QL (200 per 30 days)
galantamine er 16 mg capsule GC,MO	2	QL (30 per 30 days)
galantamine er 24 mg capsule GC,MO	2	QL (30 per 30 days)
galantamine er 8 mg capsule GC,MO	2	QL (30 per 30 days)
galantamine hbr 12 mg tablet GC,MO	2	QL (60 per 30 days)
galantamine hbr 4 mg tablet GC,MO	2	QL (60 per 30 days)
galantamine hbr 8 mg tablet GC,MO	2	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial GC,MO	2	
glycopyrrolate 1 mg tablet GC,MO	2	
glycopyrrolate 2 mg tablet GC,MO	2	
guanidine hcl 125 mg tablet GC,MO	1	
iprat-albut 0.5-3(2.5) mg/3 ml GC,MO	2	B vs D
ipratropium br 0.02% soln GC,MO	1	B vs D
isoproterenol 0.2 mg/ml syrn GC,MO	1	
ISUPREL 0.2 MG/ML INJECTION MO	3	
levalbuterol conc 1.25 mg/0.5 GC,MO	1	B vs D
LEVOPHED BITARTRATE 1 MG/ML IV MO	3	
LIORESAL 2,000 MCG/ML INTRATHECAL MO	3	
LIORESAL 50 MCG/ML INTRATHECAL MO	3	
LIORESAL 500 MCG/ML INTRATHECAL MO	3	
MAXAIR AUTOHALER 200 MCG/INHALATION BREATH ACTIVATED MO	3	QL (14 per 30 days)
MESTINON TIMESPAN 180 MG TAB MO	3	
metaproterenol 10 mg tablet GC,MO	1	
metaproterenol 10 mg/5 ml syr GC,MO	1	
metaproterenol 20 mg tablet GC,MO	1	
metaxalone 800 mg tablet GC,MO	2	QL (120 per 30 days)
methocarbamol 500 mg tablet GC,MO	1	PA
methocarbamol 750 mg tablet GC,MO	1	PA
methscopolamine brom 2.5 mg tb GC,MO	2	
methscopolamine brom 5 mg tab GC,MO	2	
midodrine hcl 10 mg tablet MO	3	
midodrine hcl 2.5 mg tablet MO	3	
midodrine hcl 5 mg tablet MO	3	
migergot 2 mg-100 mg rectal suppository GC,MO	2	
MIGRAL 0.5 MG/PUMP ACTUATION NASAL SPRAY MO	3	QL (8 per 30 days)
MYTELASE 10 MG TAB MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEO-SYNEPHRINE 10 MG/ML INJECTION MO	3	
neostigmine 1:1,000 vial GC,MO	1	
neostigmine 1:2,000 vial GC,MO	1	
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
NIMBEX 10 MG/ML IV MO	3	
NIMBEX 2 MG/ML IV MO	3	
norepinephrine 1 mg/ml vial GC,MO	1	
NORFLEX 30 MG/ML INJECTION MO	3	
nulev 0.125 mg tab, rapid dissolve MO	3	PA
orphenadrine 30 mg/ml ampule GC,MO	2	
orphenadrine er 100 mg tablet GC,MO	2	
pancuronium 1 mg/ml vial GC,MO	1	
pancuronium 2 mg/ml vial GC,MO	1	
phentolamine 5 mg vial GC,MO	1	
phenylephrine 10 mg/ml vial GC,MO	1	
pilocarpine hcl 5 mg tablet MO	3	
pilocarpine hcl 7.5 mg tablet MO	3	
pro-hyo chewable melt tablet GC,MO	1	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (36 per 30 days)
PROAMATINE 10 MG TABLET MO	3	
PROAMATINE 2.5 MG TABLET MO	3	
PROAMATINE 5 MG TABLET MO	3	
propantheline 15 mg tablet GC,MO	1	PA
PROSTIGMIN 15 MG TAB MO	3	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
pyridostigmine br 60 mg tablet GC,MO	2	
RAPAFLO 4 MG CAP MO	3	QL (30 per 30 days)
RAPAFLO 8 MG CAP MO	3	QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION MO	3	
revonto 20 mg iv solution GC,MO	2	
rivastigmine 1.5 mg cap GC,MO	1	QL (90 per 30 days)
rivastigmine 3 mg capsule GC,MO	1	QL (90 per 30 days)
rivastigmine 4.5 mg capsule GC,MO	1	QL (60 per 30 days)
rivastigmine 6 mg capsule GC,MO	1	QL (60 per 30 days)
ROBINUL 0.2 MG/ML INJECTION MO	3	
ROBINUL 1 MG TAB MO	3	
ROBINUL FORTE 2 MG TAB MO	3	
rocuronium 100 mg/10 ml vial GC,MO	1	
SEREVENT DISKUS 50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPS GC,MO	2	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tamsulosin hcl 0.4 mg capsule GC,MO	1	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial GC,MO	2	
terbutaline sulfate 2.5 mg tab GC,MO	2	
terbutaline sulfate 5 mg tab GC,MO	2	
tizanidine hcl 2 mg tablet GC,MO	1	
tizanidine hcl 4 mg tablet GC,MO	1	
tubocurarine cl 3 mg/ml syrn GC,MO	1	
TWINJECT AUTOINJECTOR 0.15 MG/0.15 ML (1:1,000) IM PEN MO	3	
TWINJECT AUTOINJECTOR 0.3 MG/0.3 ML (1:1,000) IM PEN MO	3	
vecuronium 10 mg vial GC,MO	1	
vecuronium 20 mg vial GC,MO	1	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (36 per 30 days)
ZEMURON 10 MG/ML IV MO	3	
BLOOD FORMATION, COAGULATION & THROMBOSIS		
ACTIVASE 100 MG SOLUTION MO	4	B vs D
ACTIVASE 50 MG SOLUTION MO	4	B vs D
ALPHANINE SD 1,000 (+/-) UNIT IV SOLUTION SP	3	
AMICAR 1,000 MG TAB MO	3	
AMICAR 25 % ORAL SOLN MO	3	
AMICAR 500 MG TAB MO	3	
aminocaproic acid 25% solution GC,MO	1	
aminocaproic acid 250 mg/ml GC,MO	1	
aminocaproic acid 500 mg tab GC,MO	1	
anagrelide hcl 0.5 mg capsule GC,MO	1	
anagrelide hcl 1 mg capsule GC,MO	1	
argatroban 100 mg/ml vial GC,MO	1	B vs D
ARIIXTRA 10 MG/0.8 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
ARIIXTRA 2.5 MG/0.5 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
ARIIXTRA 5 MG/0.4 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
ARIIXTRA 7.5 MG/0.6 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
CEPROTIN (BLUE BAR) 500 UNIT IV SOLUTION MO	3	
CEPROTIN (GREEN BAR) 1,000 UNIT IV SOLUTION MO	3	
cilostazol 100 mg tablet GC,MO	1	
cilostazol 50 mg tablet GC,MO	1	
COUMADIN 1 MG TAB MO	3	
COUMADIN 10 MG TAB MO	3	
COUMADIN 2 MG TAB MO	3	
COUMADIN 2.5 MG TAB MO	3	
COUMADIN 3 MG TAB MO	3	
COUMADIN 4 MG TAB MO	3	
COUMADIN 5 MG IV SOLUTION MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 5 MG TAB MO	3	
COUMADIN 6 MG TAB MO	3	
COUMADIN 7.5 MG TAB MO	3	
CYKLOKAPRON 100 MG/ML IV GC,MO	2	
EFFIENT 10 MG TAB MO	3	QL (30 per 30 days)
EFFIENT 5 MG TAB MO	3	QL (30 per 30 days)
enoxaparin 100 mg/ml syr GC,MO	2	QL (14 per 30 days)
enoxaparin 120 mg/0.8 ml syr GC,MO	2	QL (14 per 30 days)
enoxaparin 150 mg/ml syr GC,MO	2	QL (14 per 30 days)
enoxaparin 30 mg/0.3 ml syr GC,MO	2	QL (28 per 30 days)
enoxaparin 40 mg/0.4 ml syr GC,MO	2	QL (14 per 30 days)
enoxaparin 60 mg/0.6 ml syr HI,GC,MO	2	QL (14 per 30 days)
enoxaparin 80 mg/0.8 ml syr GC,MO	2	QL (14 per 30 days)
EPOGEN 10,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SP	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
EPOGEN 40,000 UNITS/ML VIAL SP	4	PA,QL (4 per 30 days)
fondaparinux 10 mg/0.8 ml syr MO	3	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr MO	3	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr MO	3	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr MO	3	QL (14 per 30 days)
FRAGMIN 10,000 UNIT/ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 10,000 UNITS/ML VIAL MO	3	QL (14 per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 25,000 UNIT/ML SUB-Q MO	3	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
heparin iv flush 100 units/ml GC,MO	2	B vs D
heparin na 1,000 units/ml vial GC,MO	2	B vs D
heparin sod 1,000 unit/ml vial GC,MO	2	B vs D
heparin sod 10,000 unit/ml vl HI,GC,MO	2	B vs D
heparin sod 2,000 unit/ml vial GC,MO	2	B vs D
heparin sod 2,500 unit/ml vial GC,MO	2	B vs D
heparin sod 20,000 unit/ml vl HI,GC,MO	2	B vs D
heparin sod 5,000 unit/ 0.5 ml GC,MO	2	B vs D

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin sod 5,000 unit/0.5 ml GC,MO	2	B vs D
heparin sod 5,000 unit/ml syr GC,MO	2	
heparin sod 5,000 unit/ml vial GC,MO	2	B vs D
heparin-1/2ns 12,500 unit/250 GC,MO	1	
heparin-1/2ns 25,000 unit/250 HI,GC,MO	1	
heparin-1/2ns 25,000 unit/500 GC,MO	1	
heparin-d5w 10,000 unit/100 ml GC,MO	1	
heparin-d5w 12,500 unit/250 ml GC,MO	1	
heparin-d5w 20,000 unit/500 ml GC,MO	1	
heparin-d5w 25,000 unit/250 ml GC,MO	1	
heparin-d5w 25,000 unit/500 ml GC,MO	1	
heparin-ns 1,000 unit/500 ml GC,MO	1	
heparin-ns 2,000 unit/1,000 ml HI,GC,MO	1	
INNOHEP 20,000 ANTI-XA UNIT/ML SUB-Q MO	3	QL (14 per 30 days)
INTEGRILIN 0.75 MG/ML IV MO	3	
INTEGRILIN 2 MG/ML IV MO	3	
jantoven 1 mg tab GC,MO	1	
jantoven 10 mg tab GC,MO	1	
jantoven 2 mg tab GC,MO	1	
jantoven 2.5 mg tab GC,MO	1	
jantoven 3 mg tab GC,MO	1	
jantoven 4 mg tab GC,MO	1	
jantoven 5 mg tab GC,MO	1	
jantoven 6 mg tab GC,MO	1	
jantoven 7.5 mg tab GC,MO	1	
KINLYTIC 250,000 UNITS VIAL MO	3	B vs D
LEUKINE 250 MCG SOLUTION FOR INJECTION SP	4	PA
LEUKINE 500 MCG/ML INJECTION SP	4	PA
LOVENOX 100 MG/ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
LOVENOX 120 MG/0.8 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
LOVENOX 150 MG/ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
LOVENOX 30 MG/0.3 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 300 MG/3 ML SUB-Q HI,MO	3	QL (14 per 30 days)
LOVENOX 40 MG/0.4 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
LOVENOX 60 MG/0.6 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
LOVENOX 80 MG/0.8 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUB-Q SP	4	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUB-Q SYRINGE SP	4	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUB-Q SOLN SP	4	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE SP	4	PA,QL (14 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SP	4	PA,QL (14 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEUPOGEN 480 MCG/0.8 ML SYRINGE SP	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SP	4	PA,QL (14 per 30 days)
pentoxifylline er 400 mg tab GC,MO	1	
pentoxil er 400 mg tablet GC,MO	1	
PLAVIX 300 MG TAB MO	3	QL (1 per 30 days)
PLAVIX 75 MG TAB MO	3	QL (30 per 30 days)
PLETAL 100 MG TAB MO	3	
PLETAL 50 MG TAB MO	3	
PRADAXA 150 MG CAP MO	3	QL (60 per 30 days)
PRADAXA 75 MG CAP MO	3	QL (60 per 30 days)
PROCIT 10,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCIT 2,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCIT 20,000 UNIT/2 ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCIT 20,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
PROCIT 3,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCIT 4,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCIT 40,000 UNIT/ML INJECTION SP	4	PA,QL (4 per 30 days)
PROMACTA 25 MG TAB SP	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TAB SP	4	PA,QL (30 per 30 days)
PROMACTA 75 MG TAB SP	4	PA,QL (30 per 30 days)
protamine 10 mg/ml vial GC,MO	1	B vs D
REFLUDAN 50 MG IV SOLUTION MO	4	B vs D
REOPRO 10 MG/5 ML IV MO	4	
RIASTAP 1 GRAM (900 MG-1,300 MG) IV SOLUTION MO	3	
ticlopidine 250 mg tablet GC,MO	1	
TNKASE 50 MG IV KIT MO	4	
TRENTAL 400 MG TAB MO	3	
warfarin sodium 1 mg tablet GC,MO	1	
warfarin sodium 10 mg tablet GC,MO	1	
warfarin sodium 2 mg tablet GC,MO	1	
warfarin sodium 2.5 mg tablet GC,MO	1	
warfarin sodium 3 mg tablet GC,MO	1	
warfarin sodium 4 mg tablet GC,MO	1	
warfarin sodium 5 mg tablet GC,MO	1	
warfarin sodium 6 mg tablet GC,MO	1	
warfarin sodium 7.5 mg tablet GC,MO	1	
XARELTO 10 MG TAB MO	3	QL (35 per 60 days)
CARDIOVASCULAR DRUGS		
ACCUPRIL 10 MG TAB GB,MO	3	
ACCUPRIL 20 MG TAB GB,MO	3	
ACCUPRIL 40 MG TAB GB,MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACCUPRIL 5 MG TAB MO	3	
ACCURETIC 10 MG-12.5 MG TAB MO	3	
ACCURETIC 20 MG-12.5 MG TAB MO	3	
ACCURETIC 20 MG-25 MG TAB MO	3	
acebutolol 200 mg capsule GC,MO	1	
acebutolol 400 mg capsule GC,MO	1	
ACEON 2 MG TAB GB,MO	3	
ACEON 4 MG TAB MO	3	
ACEON 8 MG TAB MO	3	
ADALAT CC 30 MG TAB GB,MO	3	QL (60 per 30 days)
ADALAT CC 60 MG TAB GB,MO	3	QL (60 per 30 days)
ADALAT CC 90 MG TAB GB,MO	3	QL (60 per 30 days)
ADCIRCA 20 MG TAB SP	4	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML IV SYRINGE MO	3	
adenosine 12 mg/4 ml syringe GC,MO	1	
adenosine 6 mg/2 ml vial GC,MO	1	
afeditab cr 30 mg GC,MO	2	QL (60 per 30 days)
afeditab cr 60 mg GC,MO	2	QL (60 per 30 days)
AGGRENOX 200 MG-25 MG 12 HR CAP GC,MO	2	
ALDACTAZIDE 25 MG-25 MG TAB MO	3	
ALDACTAZIDE 50 MG-50 MG TAB MO	3	
ALDACTONE 100 MG TAB MO	3	
ALDACTONE 25 MG TAB GB,MO	3	
ALDACTONE 50 MG TAB MO	3	
amiodarone 150 mg/3 ml syringe GC,MO	1	
amiodarone 900 mg/18 ml vial GC,MO	1	
amiodarone hcl 200 mg tablet GC,MO	1	
amiodarone hcl 400 mg tablet GC,MO	1	
amlodipine besylate 10 mg tab GC,MO	1	
amlodipine besylate 2.5 mg tab GC,MO	1	
amlodipine besylate 5 mg tab GC,MO	1	
amlodipine-benazepril 10-20 mg GC,MO	2	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg GC,MO	2	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 GC,MO	2	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg GC,MO	2	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg GC,MO	2	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg GC,MO	2	QL (30 per 30 days)
AMTURNIDE 150 MG-5 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMTURNIDE 300 MG-5 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
amyl nitrite ampul GC,MO	1	
ANTARA 130 MG CAP MO	3	QL (30 per 30 days)
ANTARA 43 MG CAP MO	3	QL (30 per 30 days)
atenolol 100 mg tablet GC,MO	1	
atenolol 25 mg tablet GC,MO	1	
atenolol 50 mg tablet GC,MO	1	
atenolol-chlorthal 50-25 tb GC,MO	1	
atenolol-chlorthalidone 100-25 GC,MO	1	
AVALIDE 150 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
AVALIDE 300 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
AVALIDE 300-25 MG TABLET GC,MO	2	QL (30 per 30 days)
AVAPRO 150 MG TAB GC,MO	2	QL (30 per 30 days)
AVAPRO 300 MG TAB GC,MO	2	QL (30 per 30 days)
AVAPRO 75 MG TAB GC,MO	2	QL (30 per 30 days)
benazepril hcl 10 mg tablet GC,MO	1	
benazepril hcl 20 mg tablet GC,MO	1	
benazepril hcl 40 mg tablet GC,MO	1	
benazepril hcl 5 mg tablet GC,MO	1	
benazepril-hctz 10-12.5 mg tab GC,MO	1	
benazepril-hctz 20-12.5 mg tab GC,MO	1	
benazepril-hctz 20-25 mg tab GC,MO	1	
benazepril-hctz 5-6.25 mg tab GC,MO	1	
betaxolol 10 mg tablet GC,MO	1	
betaxolol 20 mg tablet GC,MO	1	
BIDIL 20 MG-37.5 MG TAB GC,MO	2	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab GC,MO	1	
bisoprolol fumarate 5 mg tab GC,MO	1	
bisoprolol-hctz 10-6.25 mg tab GC,MO	1	
bisoprolol-hctz 2.5-6.25 mg tb GC,MO	1	
bisoprolol-hctz 5-6.25 mg tab GC,MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) IV MO	3	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,000 MG/100 ML (20 MG/ML) IV MO	3	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,500 MG/250 ML (10 MG/ML) IV MO	3	
BYSTOLIC 10 MG TAB GC,MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG TAB GC,MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TAB GC,MO	2	QL (60 per 30 days)
BYSTOLIC 5 MG TAB GC,MO	2	QL (30 per 30 days)
CADUET 10 MG-10 MG TAB MO	3	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CADUET 10 MG-20 MG TAB MO	3	QL (30 per 30 days)
CADUET 10 MG-40 MG TAB MO	3	QL (30 per 30 days)
CADUET 10 MG-80 MG TAB MO	3	QL (30 per 30 days)
CADUET 2.5 MG-10 MG TAB MO	3	QL (30 per 30 days)
CADUET 2.5 MG-20 MG TAB MO	3	QL (30 per 30 days)
CADUET 2.5 MG-40 MG TAB MO	3	QL (30 per 30 days)
CADUET 5 MG-10 MG TAB MO	3	QL (30 per 30 days)
CADUET 5 MG-20 MG TAB MO	3	QL (30 per 30 days)
CADUET 5 MG-40 MG TAB MO	3	QL (30 per 30 days)
CADUET 5 MG-80 MG TAB MO	3	QL (30 per 30 days)
CALAN 120 MG TAB MO	3	
CALAN 80 MG TAB GB,MO	3	
CALAN SR 120 MG TAB MO	3	
CALAN SR 180 MG TAB MO	3	
CALAN SR 240 MG TAB MO	3	
captopril 100 mg tablet GC,MO	1	
captopril 12.5 mg tablet GC,MO	1	
captopril 25 mg tablet GC,MO	1	
captopril 50 mg tablet GC,MO	1	
captopril-hctz 25-15 mg tablet GC,MO	1	
captopril-hctz 25-25 mg tablet GC,MO	1	
captopril-hctz 50-15 mg tablet GC,MO	1	
captopril-hctz 50-25 mg tablet GC,MO	1	
CARDENE SR 30 MG CAP MO	3	QL (60 per 30 days)
CARDENE SR 60 MG CAP MO	3	QL (60 per 30 days)
cartia xt 120 mg 24 hr cap GC,MO	2	QL (60 per 30 days)
cartia xt 180 mg 24 hr cap GC,MO	2	QL (60 per 30 days)
cartia xt 240 mg 24 hr cap GC,MO	2	QL (60 per 30 days)
cartia xt 300 mg 24 hr cap GC,MO	2	QL (30 per 30 days)
carvedilol 12.5 mg tablet GC,MO	1	
carvedilol 25 mg tablet GC,MO	1	
carvedilol 3.125 mg tablet GC,MO	1	
carvedilol 6.25 mg tablet GC,MO	1	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERM PATCH MO	3	QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERM PATCH MO	3	QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERM PATCH MO	3	QL (4 per 28 days)
cholestyramine light 4 gram oral powder MO	3	
cholestyramine light 4 gram packet MO	3	
cholestyramine packet GC,MO	2	
cholestyramine powder GC,MO	2	
CLEVIPREX 25 MG/50 ML IV MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEVIPREX 50 MG/100 ML IV MO	3	
clonidine 0.1 mg/day patch GC,MO	1	QL (4 per 28 days)
clonidine 0.2 mg/day patch GC,MO	1	QL (4 per 28 days)
clonidine 0.3 mg/day patch GC,MO	1	QL (4 per 28 days)
clonidine hcl 0.1 mg tablet GC,MO	1	
clonidine hcl 0.2 mg tablet GC,MO	1	
clonidine hcl 0.3 mg tablet GC,MO	1	
clorpres 0.1 mg-15 mg tab MO	3	
clorpres 0.2 mg-15 mg tab MO	3	
clorpres 0.3 mg-15 mg tab MO	3	
colestipol hcl 1 gm tablet GC,MO	2	
colestipol hcl granules GC,MO	2	
colestipol hcl granules packet GC,MO	2	
COREG CR 10 MG 24 HR CAP MO	3	QL (30 per 30 days)
COREG CR 20 MG 24 HR CAP MO	3	QL (30 per 30 days)
COREG CR 40 MG 24 HR CAP MO	3	QL (30 per 30 days)
COREG CR 80 MG 24 HR CAP MO	3	QL (30 per 30 days)
CORLOPAM 10 MG/ML IV MO	3	
CONVERT 0.1 MG/ML IV MO	3	
CORZIDE 40 MG-5 MG TAB GB,MO	3	
CORZIDE 80 MG-5 MG TAB GB,MO	3	
COVERA-HS 180 MG 24 HR TAB MO	3	QL (90 per 30 days)
COVERA-HS 240 MG 24 HR TAB GB,MO	3	QL (60 per 30 days)
CRESTOR 10 MG TAB GC,MO	2	QL (30 per 30 days)
CRESTOR 20 MG TAB GC,MO	2	QL (30 per 30 days)
CRESTOR 40 MG TAB GC,MO	2	QL (30 per 30 days)
CRESTOR 5 MG TAB GC,MO	2	QL (30 per 30 days)
digoxin 0.25 mg/ml ampul GC,MO	1	
digoxin 0.25 mg/ml syringe GC,MO	1	
digoxin 125 mcg tablet GC,MO	1	
digoxin 250 mcg tablet GC,MO	1	
digoxin 50 mcg/ml solution GC,MO	1	
DILACOR XR 120 MG CAPSULE MO	3	QL (60 per 30 days)
DILACOR XR 180 MG CAPSULE MO	3	QL (60 per 30 days)
DILACOR XR 240 MG CAP MO	3	QL (60 per 30 days)
DILATRATE-SR 40 MG CAP GB,MO	3	
dilt-cd 120 mg 24 hr cap GC,MO	1	QL (60 per 30 days)
dilt-cd 180 mg 24 hr cap GC,MO	1	QL (60 per 30 days)
dilt-cd 240 mg 24 hr cap GC,MO	1	QL (60 per 30 days)
dilt-cd 300 mg 24 hr cap GC,MO	1	QL (30 per 30 days)
dilt-xr 120 mg cap GC,MO	1	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dilt-xr 180 mg cap GC,MO	1	QL (60 per 30 days)
dilt-xr 240 mg cap GC,MO	1	QL (60 per 30 days)
diltia xt 120 mg cap MO	3	QL (60 per 30 days)
diltia xt 180 mg cap MO	3	QL (60 per 30 days)
diltia xt 240 mg cap MO	3	QL (60 per 30 days)
diltiazem 120 mg tablet GC,MO	1	
diltiazem 125 mg/25 ml vial GC,MO	1	
diltiazem 24hr cd 120 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem 24hr cd 180 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem 24hr cd 240 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem 24hr cd 300 mg cap GC,MO	1	QL (30 per 30 days)
diltiazem 25 mg/5 ml carpuject GC,MO	1	
diltiazem 30 mg tablet GC,MO	1	
diltiazem 60 mg tablet GC,MO	1	
diltiazem 90 mg tablet GC,MO	1	
diltiazem er 120 mg 12-hr cap GC,MO	1	
diltiazem er 120 mg capsule GC,MO	1	QL (60 per 30 days)
diltiazem er 180 mg capsule GC,MO	1	QL (60 per 30 days)
diltiazem er 240 mg capsule GC,MO	1	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap GC,MO	1	
diltiazem er 90 mg 12-hr cap GC,MO	1	
diltiazem hcl 100 mg vial GC,MO	1	
diltiazem hcl er 240 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem hcl er 300 mg cap GC,MO	1	QL (30 per 30 days)
diltiazem hcl er 360 mg cap GC,MO	1	QL (30 per 30 days)
diltiazem hcl er 420 mg cap GC,MO	1	QL (30 per 30 days)
diltzac er 120 mg cap GC,MO	1	QL (60 per 30 days)
diltzac er 180 mg cap GC,MO	1	QL (60 per 30 days)
diltzac er 240 mg cap GC,MO	1	QL (60 per 30 days)
diltzac er 300 mg cap GC,MO	1	QL (30 per 30 days)
diltzac er 360 mg cap GC,MO	1	QL (30 per 30 days)
DIOVAN 160 MG TAB GC,MO	2	QL (60 per 30 days)
DIOVAN 320 MG TAB GC,MO	2	QL (60 per 30 days)
DIOVAN 40 MG TAB GC,MO	2	QL (60 per 30 days)
DIOVAN 80 MG TAB GC,MO	2	QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 160 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 320 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 320 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 80 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
disopyramide 100 mg capsule GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
disopyramide 150 mg cap sa GC,MO	1	
disopyramide 150 mg capsule GC,MO	1	
doxazosin mesylate 1 mg tab GC,MO	1	
doxazosin mesylate 2 mg tab GC,MO	1	
doxazosin mesylate 4 mg tab GC,MO	1	
doxazosin mesylate 8 mg tab GC,MO	1	
DYNACIRC CR 10 MG 24 HR TAB MO	3	QL (60 per 30 days)
DYNACIRC CR 5 MG 24 HR TAB MO	3	QL (90 per 30 days)
enalapril maleate 10 mg tab GC,MO	1	
enalapril maleate 2.5 mg tab GC,MO	1	
enalapril maleate 20 mg tab GC,MO	1	
enalapril maleate 5 mg tablet GC,MO	1	
enalapril-hctz 10-25 mg tablet GC,MO	1	
enalapril-hctz 5-12.5 mg tab GC,MO	1	
enalaprilat 1.25 mg/ml vial GC,MO	1	
eplerenone 25 mg tablet MO	3	
eplerenone 50 mg tablet MO	3	
epoprostenol sodium 0.5 mg v _l SP	4	PA
epoprostenol sodium 1.5 mg v _l SP	4	PA
esmolol hcl 10 mg/ml vial GC,MO	1	
EXFORGE 10 MG-160 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE 10 MG-320 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE 5 MG-160 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE 5 MG-320 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
felodipine er 10 mg tablet GC,MO	2	QL (30 per 30 days)
felodipine er 2.5 mg tablet GC,MO	2	QL (30 per 30 days)
felodipine er 5 mg tablet GC,MO	2	QL (30 per 30 days)
fenofibrate 134 mg capsule GC,MO	2	QL (30 per 30 days)
fenofibrate 160 mg tablet GC,MO	2	QL (30 per 30 days)
fenofibrate 200 mg capsule GC,MO	2	QL (30 per 30 days)
fenofibrate 54 mg tablet GC,MO	2	QL (60 per 30 days)
fenofibrate 67 mg capsule GC,MO	2	QL (60 per 30 days)
fenoldopam 10 mg/ml ampule GC,MO	1	
flecainide acetate 100 mg tab GC,MO	2	
flecainide acetate 150 mg tab GC,MO	2	
flecainide acetate 50 mg tab GC,MO	2	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fosinopril sodium 10 mg tab GC,MO	2	
fosinopril sodium 20 mg tab GC,MO	2	
fosinopril sodium 40 mg tab GC,MO	2	
fosinopril-hctz 10-12.5 mg tab GC,MO	2	
fosinopril-hctz 20-12.5 mg tab GC,MO	2	
gemfibrozil 600 mg tablet GC,MO	1	QL (60 per 30 days)
guanabenz acetate 4 mg tab GC,MO	2	
guanabenz acetate 8 mg tab GC,MO	2	
guanfacine 1 mg tablet GC,MO	1	
guanfacine 2 mg tablet GC,MO	1	
hydralazine 10 mg tablet GC,MO	1	
hydralazine 100 mg tablet GC,MO	1	
hydralazine 20 mg/ml vial GC,MO	1	
hydralazine 25 mg tablet GC,MO	1	
hydralazine 50 mg tablet GC,MO	1	
ibutilide fum 1 mg/10 ml vial GC,MO	1	
IMDUR 120 MG 24 HR TAB MO	3	
IMDUR 30 MG 24 HR TAB MO	3	
IMDUR 60 MG 24 HR TAB MO	3	
inamrinone 100 mg/20 ml vial GC,MO	1	
ISMO 20 MG TABLET MO	3	
isoditrate 40 mg tab GC,MO	1	
ISOPTIN SR 120 MG TABLET GB,MO	3	
ISOPTIN SR 180 MG TABLET GB,MO	3	
ISOPTIN SR 240 MG TAB MO	3	
ISORDIL 40 MG TAB MO	3	
ISORDIL TITRADOSE 5 MG TAB MO	3	
isosorbide dn 10 mg tablet GC,MO	1	
isosorbide dn 2.5 mg tab sl GC,MO	1	
isosorbide dn 20 mg tablet GC,MO	1	
isosorbide dn 30 mg tablet GC,MO	1	
isosorbide dn 5 mg tablet GC,MO	1	
isosorbide dn 5 mg tablet sl GC,MO	1	
isosorbide dn er 40 mg tablet GC,MO	1	
isosorbide mn 10 mg tablet GC,MO	1	
isosorbide mn 20 mg tablet GC,MO	1	
isosorbide mn er 120 mg tab GC,MO	1	
isosorbide mn er 30 mg tablet GC,MO	1	
isosorbide mn er 60 mg tablet GC,MO	1	
isradipine 2.5 mg capsule MO	3	
isradipine 5 mg capsule MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KAPVAY 0.1 MG 12 HR TAB MO	3	ST,QL (60 per 30 days)
labetalol hcl 100 mg tablet GC,MO	1	
labetalol hcl 200 mg tablet GC,MO	1	
labetalol hcl 300 mg tablet GC,MO	1	
labetalol hcl 5 mg/ml crpj GC,MO	1	
labetalol hcl 5 mg/ml vial GC,MO	1	
LANOXIN 125 MCG TAB GB,MO	3	
LANOXIN 250 MCG TAB GB,MO	3	
LANOXIN 250 MCG/ML INJECTION MO	3	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION MO	3	
LESCOL 20 MG CAP GC,MO	2	QL (60 per 30 days)
LESCOL 40 MG CAP GC,MO	2	QL (60 per 30 days)
LESCOL XL 80 MG 24 HR TAB GC,MO	2	QL (30 per 30 days)
LETAIRIS 10 MG TAB SP	4	PA,QL (30 per 30 days)
LETAIRIS 5 MG TAB SP	4	PA,QL (30 per 30 days)
LEVATOL 20 MG TAB MO	3	
lidocaine 0.4% in d5w soln GC,MO	1	
lidocaine 0.8% in d5w soln GC,MO	1	
lidocaine hcl 1% syringe GC,MO	1	
lidocaine hcl 2% abboject GC,MO	1	
LIPITOR 10 MG TAB GC,MO	2	QL (30 per 30 days)
LIPITOR 20 MG TAB GC,MO	2	QL (30 per 30 days)
LIPITOR 40 MG TAB GC,MO	2	QL (30 per 30 days)
LIPITOR 80 MG TAB GC,MO	2	QL (30 per 30 days)
lisinopril 10 mg tablet GC,MO	1	
lisinopril 2.5 mg tablet GC,MO	1	
lisinopril 20 mg tablet GC,MO	1	
lisinopril 30 mg tablet GC,MO	1	
lisinopril 40 mg tablet GC,MO	1	
lisinopril 5 mg tablet GC,MO	1	
lisinopril-hctz 10-12.5 mg tab GC,MO	1	
lisinopril-hctz 20-12.5 mg tab GC,MO	1	
lisinopril-hctz 20-25 mg tab GC,MO	1	
LOPRESSOR 100 MG TAB MO	3	
LOPRESSOR 5 MG/5 ML IV MO	3	
LOPRESSOR 50 MG TAB MO	3	
LOPRESSOR HCT 100 MG-25 MG TAB MO	3	
LOPRESSOR HCT 50 MG-25 MG TAB GB,MO	3	
losartan potassium 100 mg tab GC,MO	1	QL (60 per 30 days)
losartan potassium 25 mg tab GC,MO	1	QL (60 per 30 days)
losartan potassium 50 mg tab GC,MO	1	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
losartan-hctz 100-12.5 mg tab GC,MO	1	QL (60 per 30 days)
losartan-hctz 100-25 mg tab GC,MO	1	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab GC,MO	1	QL (60 per 30 days)
LOTENSIN 10 MG TAB GB,MO	3	
LOTENSIN 20 MG TAB MO	3	
LOTENSIN 40 MG TAB MO	3	
LOTENSIN 5 MG TABLET MO	3	
LOTENSIN HCT 10 MG-12.5 MG TAB GB,MO	3	
LOTENSIN HCT 20 MG-12.5 MG TAB GB,MO	3	
LOTENSIN HCT 20 MG-25 MG TAB MO	3	
LOTENSIN HCT 5-6.25 TABLET MO	3	
lovastatin 10 mg tablet GC,MO	1	QL (60 per 30 days)
lovastatin 20 mg tablet GC,MO	1	QL (60 per 30 days)
lovastatin 40 mg tablet GC,MO	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAP GC,MO	2	QL (120 per 30 days)
MAVIK 1 MG TAB MO	3	
MAVIK 2 MG TAB GB,MO	3	
MAVIK 4 MG TAB GB,MO	3	
methyldopa 250 mg tablet GC,MO	1	
methyldopa 500 mg tablet GC,MO	1	
methyldopa-hctz 250-15 mg tab GC,MO	1	
methyldopa-hctz 250-25 mg tab GC,MO	1	
methyldopate 250 mg/5 ml vial GC,MO	1	
metoprolol 1 mg/ml carpuject GC,MO	1	
metoprolol succ er 100 mg tab GC,MO	1	QL (60 per 30 days)
metoprolol succ er 200 mg tab GC,MO	1	QL (60 per 30 days)
metoprolol succ er 25 mg tab GC,MO	1	QL (60 per 30 days)
metoprolol succ er 50 mg tab GC,MO	1	QL (60 per 30 days)
metoprolol tart 5 mg/5 ml vial GC,MO	1	
metoprolol tartrate 100 mg tab GC,MO	1	
metoprolol tartrate 25 mg tab GC,MO	1	
metoprolol tartrate 50 mg tab GC,MO	1	
metoprolol-hctz 100-25 mg tab GC,MO	2	
metoprolol-hctz 100-50 mg tab GC,MO	2	
metoprolol-hctz 50-25 mg tab GC,MO	2	
mexiletine 150 mg capsule GC,MO	1	
mexiletine 200 mg capsule GC,MO	1	
mexiletine 250 mg capsule GC,MO	1	
milrinone lact 50 mg/50 ml vl GC,MO	1	
milrinone-d5w 20 mg/100 ml GC,MO	1	
milrinone-d5w 40 mg/200 ml GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MINIPRESS 1 MG CAP GB,MO	3	
MINIPRESS 2 MG CAP GB,MO	3	
MINIPRESS 5 MG CAP GB,MO	3	
minitran 0.1 mg/hr transderm 24 hr patch GC,MO	2	QL (30 per 30 days)
minitran 0.2 mg/hr transderm 24 hr patch GC,MO	2	QL (30 per 30 days)
minitran 0.4 mg/hr transderm 24 hr patch GC,MO	2	QL (60 per 30 days)
minitran 0.6 mg/hr transderm 24 hr patch GC,MO	2	QL (30 per 30 days)
minoxidil 10 mg tablet GC,MO	1	
minoxidil 2.5 mg tablet GC,MO	1	
moexipril hcl 15 mg tablet GC,MO	1	
moexipril hcl 7.5 mg tablet GC,MO	1	
moexipril-hctz 15-12.5 mg tab GC,MO	1	
moexipril-hctz 15-25 mg tablet GC,MO	1	
moexipril-hctz 7.5-12.5 mg tab GC,MO	1	
MONOKET 10 MG TAB GB,MO	3	
MONOKET 20 MG TAB MO	3	
MONOPRIL 40 MG TABLET MO	3	
MULTAQ 400 MG TAB GC,MO	2	QL (60 per 30 days)
nadolol 20 mg tablet GC,MO	1	
nadolol 40 mg tablet GC,MO	1	
nadolol 80 mg tablet GC,MO	1	
nadolol-bendroflu 40-5 mg tab GC,MO	2	
nadolol-bendroflu 80-5 mg tab GC,MO	2	
NATRECOR 1.5 MG IV SOLUTION MO	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML) IV MO	3	
NEXTERONE 360 MG/200 ML (1.8 MG/ML) IV MO	3	
niacor 500 mg tab GC,MO	1	
NIASPAN EXTENDED-RELEASE 1,000 MG 24 HR TAB GC,MO	2	
NIASPAN EXTENDED-RELEASE 500 MG 24 HR TAB GC,MO	2	
NIASPAN EXTENDED-RELEASE 750 MG 24 HR TAB GC,MO	2	
nicardipine 20 mg capsule GC,MO	1	
nicardipine 25 mg/10 ml ampule GC,MO	1	
nicardipine 30 mg capsule GC,MO	1	
nifediac cc 30 mg tab GC,MO	2	QL (60 per 30 days)
nifediac cc 60 mg tab GC,MO	2	QL (60 per 30 days)
nifediac cc 90 mg tab GC,MO	2	QL (60 per 30 days)
nifedical xl 30 mg 24 hr tab GC,MO	2	QL (60 per 30 days)
nifedical xl 60 mg 24 hr tab GC,MO	2	QL (60 per 30 days)
nifedipine er 30 mg tablet GC,MO	2	QL (60 per 30 days)
nifedipine er 60 mg tablet GC,MO	2	QL (60 per 30 days)
nifedipine er 90 mg tablet GC,MO	2	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nimodipine 30 mg capsule MO	3	
nisoldipine er 17 mg tablet MO	3	QL (30 per 30 days)
nisoldipine er 20 mg tablet MO	3	QL (30 per 30 days)
nisoldipine er 25.5 mg tablet MO	3	QL (60 per 30 days)
nisoldipine er 30 mg tablet MO	3	QL (60 per 30 days)
nisoldipine er 34 mg tablet MO	3	QL (30 per 30 days)
nisoldipine er 40 mg tablet MO	3	QL (30 per 30 days)
nisoldipine er 8.5 mg tablet MO	3	QL (30 per 30 days)
NITRO-DUR 0.1 MG/HR TRANSDERM 24 HR PATCH GB,MO	3	QL (30 per 30 days)
NITRO-DUR 0.2 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR TRANSDERM 24 HR PATCH MO	3	
NITRO-DUR 0.4 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (60 per 30 days)
NITRO-DUR 0.6 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.8 MG/HR TRANSDERM 24 HR PATCH MO	3	
nitroglycerin 0.1 mg/hr patch GC,MO	1	QL (30 per 30 days)
nitroglycerin 0.2 mg/hr patch GC,MO	1	QL (30 per 30 days)
nitroglycerin 0.3 mg tab sl GC,MO	1	
nitroglycerin 0.4 mg tablet sl GC,MO	1	
nitroglycerin 0.4 mg/hr patch GC,MO	1	QL (60 per 30 days)
nitroglycerin 0.6 mg tab sl GC,MO	1	
nitroglycerin 0.6 mg/hr patch GC,MO	1	QL (30 per 30 days)
nitroglycerin 5 mg/ml vial GC,MO	1	
nitroglycerin lingual 0.4 mg GC,MO	2	
NITROLINGUAL 0.4 MG/DOSE SPRAY MO	3	
NITROPRESS 25 MG/ML IV MO	3	
NITROSTAT 0.3 MG SUBLINGUAL TAB GC,MO	2	
NITROSTAT 0.4 MG SUBLINGUAL TAB GB,GC,MO	2	
NITROSTAT 0.6 MG SUBLINGUAL TAB GC,MO	2	
NORPACE CR 100 MG CAP MO	3	
NORPACE CR 150 MG CAP MO	3	
ntg 0.2 mg/ml in d5w GC,MO	1	
ntg 100 mg/250 ml in d5w GC,MO	1	
ntg 200 mg/500 ml in d5w GC,MO	1	
ntg 25 mg/250 ml in d5w GC,MO	1	
ntg 50 mg/500 ml in d5w GC,MO	1	
PACERONE 100 MG TAB GC,MO	2	
pacerone 200 mg tab GC,MO	2	
PACERONE 400 MG TAB GC,MO	2	
papaverine 150 mg capsule sa GC,MO	1	
papaverine 300 mg/10 ml vial GC,MO	1	
perindopril erbumine 2 mg tab GC,MO	2	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perindopril erbumine 4 mg tab GC,MO	2	
perindopril erbumine 8 mg tab GC,MO	2	
pindolol 10 mg tablet GC,MO	1	
pindolol 5 mg tablet GC,MO	1	
pravastatin sodium 10 mg tab GC,MO	1	QL (30 per 30 days)
pravastatin sodium 20 mg tab GC,MO	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab GC,MO	1	QL (60 per 30 days)
pravastatin sodium 80 mg tab GC,MO	1	QL (30 per 30 days)
prazosin 1 mg capsule GC,MO	1	
prazosin 2 mg capsule GC,MO	1	
prazosin 5 mg capsule GC,MO	1	
prevalite 4 gram oral packet GC,MO	2	
prevalite 4 gram oral powder GC,MO	2	
PRINIVIL 10 MG TAB GB,MO	3	
PRINIVIL 20 MG TAB GB,MO	3	
PRINIVIL 5 MG TAB MO	3	
PRINZIDE 10 MG-12.5 MG TAB GB,MO	3	
PRINZIDE 20 MG-12.5 MG TAB GB,MO	3	
procainamide 100 mg/ml vial GC,MO	1	
procainamide 500 mg/ml vial GC,MO	1	
PROGLYCEM 50 MG/ML ORAL SUSP MO	3	
propafenone hcl 150 mg tablet GC,MO	2	
propafenone hcl 225 mg tab GC,MO	2	
propafenone hcl 300 mg tab GC,MO	2	
propafenone hcl er 225 mg cap GC,MO	2	
propafenone hcl sr 325 mg cap GC,MO	2	
propafenone hcl sr 425 mg cap GC,MO	2	
propranolol 1 mg/ml vial GC,MO	1	
propranolol 10 mg tablet GC,MO	1	
propranolol 20 mg tablet GC,MO	1	
propranolol 20 mg/5 ml soln GC,MO	1	
propranolol 40 mg tablet GC,MO	1	
propranolol 40 mg/5 ml soln GC,MO	1	
propranolol 60 mg tablet GC,MO	1	
propranolol 80 mg tablet GC,MO	1	
propranolol er 120 mg capsule GC,MO	2	
propranolol er 160 mg capsule GC,MO	2	
propranolol er 60 mg capsule GC,MO	2	
propranolol er 80 mg capsule GC,MO	2	
propranolol-hctz 40-25 mg tab GC,MO	1	
propranolol-hctz 80-25 mg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUESTRAN 4 GRAM PACKET MO	3	
QUESTRAN LIGHT 4 GRAM PACKET MO	3	
quinapril 10 mg tablet GC,MO	1	
quinapril 20 mg tablet GC,MO	1	
quinapril 40 mg tablet GC,MO	1	
quinapril 5 mg tablet GC,MO	1	
quinapril-hctz 10-12.5 mg tab GC,MO	2	
quinapril-hctz 20-12.5 mg tab GC,MO	2	
quinapril-hctz 20-25 mg tab GC,MO	2	
quinidine gluc 80 mg/ml vial GC,MO	1	
quinidine gluc er 324 mg tab GC,MO	2	
quinidine sulf er 300 mg tab GC,MO	1	
quinidine sulfate 200 mg tab GC,MO	1	
quinidine sulfate 300 mg tab GC,MO	1	
ramipril 1.25 mg capsule GC,MO	1	
ramipril 10 mg capsule GC,MO	1	
ramipril 2.5 mg capsule GC,MO	1	
ramipril 5 mg capsule GC,MO	1	
RANEXA 1,000 MG 12 HR TAB GC,MO	2	ST,QL (120 per 30 days)
RANEXA 500 MG 12 HR TAB GC,MO	2	ST,QL (120 per 30 days)
REMODULIN 1 MG/ML INJECTION SP	4	PA
REMODULIN 10 MG/ML INJECTION SP	4	PA
REMODULIN 2.5 MG/ML INJECTION SP	4	PA
REMODULIN 5 MG/ML INJECTION SP	4	PA
reserpine 0.1 mg tablet GC,MO	1	
reserpine 0.25 mg tablet GC,MO	1	
REVATIO 20 MG TAB SP	4	PA,QL (90 per 30 days)
SIMCOR 1,000 MG-20 MG 24 HR TAB MO	3	QL (60 per 30 days)
SIMCOR 1,000 MG-40 MG 24 HR TAB MO	3	QL (30 per 30 days)
SIMCOR 500 MG-20 MG 24 HR TAB MO	3	QL (60 per 30 days)
SIMCOR 500 MG-40 MG 24 HR TAB MO	3	QL (30 per 30 days)
SIMCOR 750 MG-20 MG 24 HR TAB MO	3	QL (60 per 30 days)
simvastatin 10 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 20 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 40 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 5 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 80 mg tablet GC,MO	1	QL (30 per 30 days)
sorine 120 mg tab GC,MO	1	
sorine 160 mg tab GC,MO	1	
sorine 240 mg tab GC,MO	1	
sorine 80 mg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sotalol 120 mg tablet GC,MO	1	
sotalol 160 mg tablet GC,MO	1	
sotalol 240 mg tablet GC,MO	1	
sotalol 80 mg tablet GC,MO	1	
sotalol af 120 mg tab GC,MO	1	
sotalol af 160 mg tab GC,MO	1	
sotalol af 80 mg tab GC,MO	1	
sotalol hcl 150 mg/10 ml vial GC,MO	1	
spironolactone 100 mg tablet GC,MO	1	
spironolactone 25 mg tablet GC,MO	1	
spironolactone 50 mg tablet GC,MO	1	
spironolactone-hctz 25-25 tab GC,MO	1	
taztia xt 120 mg cap GC,MO	1	QL (60 per 30 days)
taztia xt 180 mg cap GC,MO	1	QL (60 per 30 days)
taztia xt 240 mg cap GC,MO	1	QL (60 per 30 days)
taztia xt 300 mg cap GC,MO	1	QL (30 per 30 days)
taztia xt 360 mg cap GC,MO	1	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TAB GC,MO	2	QL (30 per 30 days)
TEKAMLO 150 MG-5 MG TAB GC,MO	2	QL (30 per 30 days)
TEKAMLO 300 MG-10 MG TAB GC,MO	2	QL (30 per 30 days)
TEKAMLO 300 MG-5 MG TAB GC,MO	2	QL (30 per 30 days)
TEKTURNA 150 MG TAB GC,MO	2	QL (30 per 30 days)
TEKTURNA 300 MG TAB GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TAB GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TAB GC,MO	2	QL (30 per 30 days)
TENORETIC 100 100 MG-25 MG TAB MO	3	
TENORETIC 50 50 MG-25 MG TAB MO	3	
TENORMIN 100 MG TAB MO	3	
TENORMIN 25 MG TAB MO	3	
TENORMIN 50 MG TAB MO	3	
terazosin 1 mg capsule GC,MO	1	
terazosin 10 mg capsule GC,MO	1	
terazosin 2 mg capsule GC,MO	1	
terazosin 5 mg capsule GC,MO	1	
TIAZAC 120 MG CAP MO	3	QL (60 per 30 days)
TIAZAC 180 MG CAP MO	3	QL (60 per 30 days)
TIAZAC 240 MG CAP MO	3	QL (60 per 30 days)
TIAZAC 300 MG CAP MO	3	QL (30 per 30 days)
TIAZAC 360 MG CAP MO	3	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIAZAC 420 MG CAP MO	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAP SP	3	QL (240 per 30 days)
TIKOSYN 250 MCG CAP SP	3	QL (120 per 30 days)
TIKOSYN 500 MCG CAP SP	3	QL (60 per 30 days)
timolol maleate 10 mg tablet GC,MO	1	
timolol maleate 20 mg tablet GC,MO	1	
timolol maleate 5 mg tablet GC,MO	1	
TOPROL XL 100 MG 24 HR TAB MO	3	QL (60 per 30 days)
TOPROL XL 200 MG 24 HR TAB MO	3	QL (60 per 30 days)
TOPROL XL 25 MG 24 HR TAB MO	3	QL (60 per 30 days)
TOPROL XL 50 MG 24 HR TAB MO	3	QL (60 per 30 days)
TRACLEER 125 MG TAB SP	4	PA,QL (60 per 30 days)
TRACLEER 62.5 MG TAB SP	4	PA,QL (60 per 30 days)
TRANDATE 100 MG TAB MO	3	
TRANDATE 200 MG TAB GB,MO	3	
TRANDATE 300 MG TAB MO	3	
trandolapril 1 mg tablet GC,MO	1	
trandolapril 2 mg tablet GC,MO	1	
trandolapril 4 mg tablet GC,MO	1	
TRICOR 145 MG TAB GC,MO	2	QL (30 per 30 days)
TRICOR 48 MG TAB GC,MO	2	QL (60 per 30 days)
TRILIPIX 135 MG CAP MO	3	QL (30 per 30 days)
TRILIPIX 45 MG CAP MO	3	QL (30 per 30 days)
UNIRETIC 15 MG-12.5 MG TAB GB,MO	3	
UNIRETIC 15 MG-25 MG TAB GB,MO	3	
UNIRETIC 7.5 MG-12.5 MG TAB GB,MO	3	
UNIVASC 15 MG TAB MO	3	
UNIVASC 7.5 MG TAB MO	3	
VALTURNA 150 MG-160 MG TAB GC,MO	2	QL (30 per 30 days)
VALTURNA 300 MG-320 MG TAB GC,MO	2	QL (30 per 30 days)
VELETRI 1.5 MG IV SOLUTION SP	4	PA
VENTAVIS 10 MCG/ML NEB SOLUTION SP	4	PA,QL (270 per 30 days)
verapamil 120 mg tablet GC,MO	1	
verapamil 2.5 mg/ml syringe GC,MO	1	
verapamil 2.5 mg/ml vial GC,MO	1	
verapamil 360 mg cap pellet GC,MO	1	QL (60 per 30 days)
verapamil 40 mg tablet GC,MO	1	
verapamil 80 mg tablet GC,MO	1	
verapamil er 120 mg capsule GC,MO	1	QL (60 per 30 days)
verapamil er 120 mg tablet GC,MO	1	
verapamil er 180 mg capsule GC,MO	1	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil er 180 mg tablet GC,MO	1	
verapamil er 240 mg capsule GC,MO	1	QL (60 per 30 days)
verapamil er 240 mg tablet GC,MO	1	
verapamil er pm 100 mg capsule GC,MO	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule GC,MO	1	QL (60 per 30 days)
verapamil er pm 300 mg capsule GC,MO	1	QL (30 per 30 days)
VYTORIN 10-10 10 MG-10 MG TAB MO	3	QL (30 per 30 days)
VYTORIN 10-20 10 MG-20 MG TAB MO	3	QL (30 per 30 days)
VYTORIN 10-40 10 MG-40 MG TAB MO	3	QL (30 per 30 days)
VYTORIN 10-80 10 MG-80 MG TAB MO	3	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACK GC,MO	2	
WELCHOL 625 MG TAB GC,MO	2	
XYLOCAINE (CARDIAC) 20 MG/ML (2 %) IV MO	3	
ZETIA 10 MG TAB GC,MO	2	ST,QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TAB MO	3	
ZIAC 2.5 MG-6.25 MG TAB MO	3	
ZIAC 5 MG-6.25 MG TAB MO	3	
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 1 MG/ML ORAL SOLN MO	3	PA
ABILIFY 10 MG TAB MO	3	PA,QL (30 per 30 days)
ABILIFY 15 MG TAB MO	3	PA,QL (30 per 30 days)
ABILIFY 2 MG TAB MO	3	PA,QL (30 per 30 days)
ABILIFY 20 MG TAB MO	3	PA,QL (30 per 30 days)
ABILIFY 30 MG TAB MO	3	PA,QL (30 per 30 days)
ABILIFY 5 MG TAB MO	3	PA,QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML IM MO	3	PA
ABILIFY DISCMELT 10 MG MO	3	PA,QL (60 per 30 days)
ABILIFY DISCMELT 15 MG MO	3	PA,QL (60 per 30 days)
acetaminoph-caff-dihydrocodein GC,MO	1	QL (180 per 30 days)
acetaminophen-cod #2 tablet GC,MO	2	QL (390 per 30 days)
acetaminophen-cod #3 tablet GC,MO	2	QL (390 per 30 days)
acetaminophen-cod #4 tablet GC,MO	2	QL (390 per 30 days)
acetaminophen-codeine elixir GC,MO	2	
ACUFLEX CAPLET MO	3	
alfentanil 500 mcg/ml amp GC,MO	2	
ali-flex tablet GC,MO	1	
amantadine 100 mg capsule GC,MO	1	
amantadine 100 mg tablet GC,MO	1	
amantadine 50 mg/5 ml syrup GC,MO	1	
AMBIEN CR 12.5 MG TAB MO	3	PA,QL (30 per 30 days)
AMBIEN CR 6.25 MG TAB MO	3	PA,QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amitriptyline hcl 10 mg tab GC,MO	1	
amitriptyline hcl 100 mg tab GC,MO	1	
amitriptyline hcl 150 mg tab GC,MO	1	
amitriptyline hcl 25 mg tab GC,MO	1	
amitriptyline hcl 50 mg tab GC,MO	1	
amitriptyline hcl 75 mg tab GC,MO	1	
amoxapine 100 mg tablet GC,MO	1	
amoxapine 150 mg tablet GC,MO	1	
amoxapine 25 mg tablet GC,MO	1	
amoxapine 50 mg tablet GC,MO	1	
anabar 20 mg-300 mg-200 mg tab GC,MO	1	
APOKYN 10 MG/ML SUBQ CARTRIDGE MO	4	QL (60 per 30 days)
ascomp w/codeine 30 mg-50 mg-325 mg-40 mg cap MO	3	
astramorph-pf 0.5 mg/ml injection GC,MO	1	
astramorph-pf 1 mg/ml injection GC,MO	1	
AVINZA 120 MG 24 HR CAP GC,MO	2	QL (60 per 30 days)
AVINZA 30 MG 24 HR CAP GC,MO	2	QL (30 per 30 days)
AVINZA 45 MG 24 HR CAP GC,MO	2	QL (30 per 30 days)
AVINZA 60 MG 24 HR CAP GC,MO	2	QL (60 per 30 days)
AVINZA 75 MG 24 HR CAP GC,MO	2	QL (60 per 30 days)
AVINZA 90 MG 24 HR CAP GC,MO	2	QL (60 per 30 days)
AZILECT 0.5 MG TAB GC,MO	2	QL (30 per 30 days)
AZILECT 1 MG TAB GC,MO	2	QL (30 per 30 days)
BANZEL 200 MG TAB MO	3	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSP MO	3	PA,QL (1 per 30 days)
BANZEL 400 MG TAB MO	3	PA,QL (240 per 30 days)
be-flex plus capsule GC,MO	1	
benztropine 2 mg/2 ml ampule GC,MO	1	
benztropine mes 0.5 mg tab GC,MO	1	
benztropine mes 1 mg tablet GC,MO	1	
benztropine mes 2 mg tablet GC,MO	1	
bioregesic tablet GC,MO	1	
bp poly-650 tablet GC,MO	1	
bromocriptine 2.5 mg tablet GC,MO	2	
bromocriptine 5 mg capsule GC,MO	2	
budeprion sr 100 mg tab GC,MO	2	QL (120 per 30 days)
budeprion sr 150 mg tab GC,MO	2	QL (120 per 30 days)
budeprion xl 150 mg 24 hr tab GC,MO	2	QL (90 per 30 days)
budeprion xl 300 mg 24 hr tab GC,MO	2	QL (90 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION MO	3	PA
buprenorphine 0.3 mg/ml syrn GC,MO	2	PA

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buprenorphine 0.3 mg/ml vial GC,MO	2	PA
buprenorphine 2 mg tablet sl GC,MO	2	PA,QL (90 per 30 days)
buprenorphine 8 mg tablet sl GC,MO	2	PA,QL (90 per 30 days)
buproban 150 mg tab MO	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet GC,MO	1	QL (180 per 30 days)
bupropion hcl 75 mg tablet GC,MO	1	
bupropion hcl sr 100 mg tablet MO	3	QL (120 per 30 days)
bupropion hcl sr 200 mg tab MO	3	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	3	QL (90 per 30 days)
bupropion sr 150 mg tablet MO	3	QL (120 per 30 days)
buspirone hcl 10 mg tablet GC,MO	1	
buspirone hcl 15 mg tablet GC,MO	1	
buspirone hcl 30 mg tablet GC,MO	1	
buspirone hcl 5 mg tablet GC,MO	1	
buspirone hcl 7.5 mg tablet GC,MO	1	
butilb-caff-acetaminoph-codein GC,MO	1	QL (360 per 30 days)
butilbital compound w/codeine 30 mg-50 mg-325 mg-40 mg cap GC,MO	2	
butorphanol 1 mg/ml syringe GC,MO	2	
butorphanol 1 mg/ml vial GC,MO	2	
butorphanol 10 mg/ml spray GC,MO	2	QL (5 per 28 days)
butorphanol 2 mg/ml syringe GC,MO	2	
butorphanol 2 mg/ml vial GC,MO	2	
cabergoline 0.5 mg tablet GC,MO	2	QL (16 per 28 days)
CAF CIT 60 MG/3 ML (20 MG/ML) IV MO	3	
CAF CIT 60 MG/3 ML (20 MG/ML) ORAL SOLN MO	3	
caff-sod benzoate 500 mg vl GC,MO	1	
caffeine cit 60 mg/3 ml oral GC,MO	1	
caffeine cit 60 mg/3 ml vial GC,MO	1	
cafgesic 20 mg-325 mg-250 mg-50 mg cap GC,MO	1	
cafgesic forte tablet GC,MO	1	
CAMPRAL 333 MG DOSE PAK MO	3	QL (180 per 30 days)
CAMPRAL 333 MG TAB MO	3	
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSP GC,MO	2	
carbamazepine 100 mg tab chew GC,MO	1	
carbamazepine 100 mg/5 ml susp GC,MO	1	
carbamazepine 200 mg tablet GC,MO	1	
carbamazepine 200 mg/10 ml liq GC,MO	1	
carbamazepine er 100 mg cap MO	3	QL (60 per 30 days)
carbamazepine er 200 mg cap MO	3	QL (240 per 30 days)
carbamazepine er 300 mg cap MO	3	QL (150 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbamazepine xr 200 mg tablet GC,MO	1	
carbamazepine xr 400 mg tablet GC,MO	1	
CARBATROL 100 MG 12 HR CAP MO	3	QL (60 per 30 days)
CARBATROL 200 MG 12 HR CAP MO	3	QL (240 per 30 days)
CARBATROL 300 MG 12 HR CAP MO	3	QL (150 per 30 days)
carbidopa-levo 10-100 mg odt GC,MO	2	
carbidopa-levo 25-100 mg odt GC,MO	2	
carbidopa-levo 25-250 mg odt GC,MO	2	
carbidopa-levo er 25-100 tab GC,MO	2	
carbidopa-levo er 50-200 tab GC,MO	2	
carbidopa-levodopa 10-100 tab GC,MO	2	
carbidopa-levodopa 25-100 tab GC,MO	2	
carbidopa-levodopa 25-250 tab GC,MO	2	
CELEBREX 100 MG CAP GC,MO	2	ST,QL (60 per 30 days)
CELEBREX 200 MG CAP GC,MO	2	ST,QL (60 per 30 days)
CELEBREX 400 MG CAP GC,MO	2	ST,QL (60 per 30 days)
CELEBREX 50 MG CAP GC,MO	2	ST,QL (60 per 30 days)
CELONTIN 300 MG CAP MO	3	
chloral hydrate 500 mg/5 ml GC,MO	1	
chlorpromazine 10 mg tablet GC,MO	1	B vs D
chlorpromazine 100 mg tablet GC,MO	1	
chlorpromazine 200 mg tablet GC,MO	1	
chlorpromazine 25 mg tablet GC,MO	1	B vs D
chlorpromazine 25 mg/ml amp GC,MO	1	
chlorpromazine 50 mg tablet GC,MO	1	
choline mag trisal 1 gm tab GC,MO	1	
choline mag trisal liquid GC,MO	1	
choline-mag trisalicylate 500 mg tab GC,MO	1	
choline-mag trisalicylate 750 mg tab GC,MO	1	
citalopram 10 mg/5 ml solution GC,MO	1	
citalopram hbr 10 mg tablet GC,MO	1	QL (30 per 30 days)
citalopram hbr 20 mg tablet GC,MO	1	QL (90 per 30 days)
citalopram hbr 40 mg tablet GC,MO	1	QL (45 per 30 days)
CLINORIL 200 MG TAB GB,MO	3	
clomipramine 25 mg capsule GC,MO	1	
clomipramine 50 mg capsule GC,MO	1	
clomipramine 75 mg capsule GC,MO	1	
clonidine 1000 mcg/10 ml vial GC,MO	1	
clonidine 5,000 mcg/10 ml vial GC,MO	1	
clozapine 100 mg tablet GC,MO	1	
clozapine 200 mg tablet GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 25 mg tablet GC,MO	1	
clozapine 50 mg tablet GC,MO	1	
co-gesic 5 mg-500 mg tab GC,MO	2	QL (240 per 30 days)
codeine ph 15 mg/ml syringe GC,MO	1	
codeine ph 30 mg/ml syringe GC,MO	1	
codeine sulfate 15 mg tablet GC,MO	2	
codeine sulfate 30 mg tablet GC,MO	2	
codeine sulfate 60 mg tablet GC,MO	2	
COGENTIN 2 MG/2 ML INJECTION MO	3	
COMTAN 200 MG TAB GC,MO	2	QL (300 per 30 days)
CYMBALTA 20 MG CAP GC,MO	2	QL (60 per 30 days)
CYMBALTA 30 MG CAP GC,MO	2	QL (60 per 30 days)
CYMBALTA 60 MG CAP GC,MO	2	QL (60 per 30 days)
d-amphetamine er 10 mg capsule GC,MO	2	PA
d-amphetamine er 15 mg capsule GC,MO	2	PA
d-amphetamine er 5 mg capsule GC,MO	2	PA
DAZIDOX 20 MG TABLET MO	3	
DEPACON 500 MG/5 ML (100 MG/ML) IV MO	3	
depare 50 mg tab GC,MO	2	
DEPAKENE 250 MG CAP MO	3	
DEPAKENE 250 MG/5 ML SYRUP MO	3	
desipramine 10 mg tablet MO	3	
desipramine 100 mg tablet MO	3	
desipramine 150 mg tablet MO	3	
desipramine 25 mg tablet MO	3	
desipramine 50 mg tablet MO	3	
desipramine 75 mg tablet MO	3	
dexmethylphenidate 10 mg tab GC,MO	1	PA
dexmethylphenidate 2.5 mg tab GC,MO	1	PA
dexmethylphenidate 5 mg tab GC,MO	1	PA
dextroamphetamine 10 mg tab GC,MO	2	PA
dextroamphetamine 5 mg tab GC,MO	2	PA
diclofenac pot 50 mg tablet GC,MO	1	
diclofenac sod ec 25 mg tab GC,MO	1	
diclofenac sod ec 50 mg tab GC,MO	1	
diclofenac sod ec 75 mg tab GC,MO	1	
diclofenac sod er 100 mg tab GC,MO	2	
diflunisal 500 mg tablet GC,MO	2	
DILANTIN 30 MG CAP MO	3	
DILANTIN EXTENDED 100 MG CAP MO	3	
dilantin infatabs 50 mg chewable MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DILANTIN-125 125 MG/5 ML ORAL SUSP MO	3	
divalproex sod dr 125 mg tab GC,MO	1	
divalproex sod dr 250 mg tab GC,MO	1	
divalproex sod dr 500 mg tab GC,MO	1	
divalproex sod er 250 mg tab GC,MO	1	
divalproex sod er 500 mg tab GC,MO	1	
divalproex sodium 125 mg cap GC,MO	1	
dologesic capsule GC,MO	1	
DOLOGESIC LIQUID MO	3	
DOLOPHINE 10 MG TAB GC,GB,MO	1	
DOLOPHINE 5 MG TAB GC,GB,MO	1	
DOLOREX SOFTGEL CAPSULE MO	3	
DOPRAM 20 MG/ML IV MO	3	
doxapram hcl 20 mg/ml vial MO	3	
doxepin 10 mg capsule GC,MO	1	
doxepin 10 mg/ml oral conc GC,MO	1	
doxepin 100 mg capsule GC,MO	1	
doxepin 150 mg capsule GC,MO	1	
doxepin 25 mg capsule GC,MO	1	
doxepin 50 mg capsule GC,MO	1	
doxepin 75 mg capsule GC,MO	1	
droperidol 2.5 mg/ml vial GC,MO	1	
DURABAC 20 MG-325 MG-250 MG-50 MG CAP MO	3	
DURABAC FORTE TABLET MO	3	
DURAACLON (PF) 1,000 MCG/10 ML EPIDURAL MO	3	
DURAACLON (PF) 5,000 MCG/10 ML EPIDURAL MO	3	
DURAMORPH 0.5 MG/ML INJECTION GC,MO	1	
DURAMORPH 1 MG/ML INJECTION GC,MO	1	
duraxin 20 mg-300 mg-200 mg cap GC,MO	1	
EASPRIN 975 MG TABLET EC MO	3	
EC-NAPROSYN 375 MG TAB MO	3	
EC-NAPROSYN 500 MG TAB GB,MO	3	
ed-flex 20 mg-300 mg-200 mg cap GC,MO	1	
EMBEDA 100-4 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 20-0.8 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 30-1.2 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 50-2 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 60-2.4 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 80-3.2 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMSAM 12 MG/24 HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMSAM 9 MG/24 HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
endocet 10 mg-325 mg tab GC,MO	2	QL (360 per 30 days)
endocet 10 mg-650 mg tab GC,MO	2	QL (180 per 30 days)
endocet 5 mg-325 mg tab GC,MO	2	QL (360 per 30 days)
endocet 7.5 mg-325 mg tab GC,MO	2	QL (360 per 30 days)
endocet 7.5 mg-500 mg tab GC,MO	2	QL (240 per 30 days)
epitol 200 mg tab GC,MO	1	
EQUETRO 100 MG 12 HR CAP GB,MO	3	
EQUETRO 200 MG 12 HR CAP MO	3	
EQUETRO 300 MG 12 HR CAP MO	3	
ethosuximide 250 mg capsule GC,MO	1	
ethosuximide 250 mg/5 ml syrup GC,MO	1	
etodolac 200 mg capsule GC,MO	1	
etodolac 300 mg capsule GC,MO	1	
etodolac 400 mg tablet GC,MO	1	
etodolac 500 mg tablet GC,MO	1	
etodolac er 400 mg tablet GC,MO	2	
etodolac er 500 mg tablet GC,MO	2	
etodolac er 600 mg tablet GC,MO	2	
FANAPT 1 MG TAB MO	3	PA,QL (60 per 30 days)
FANAPT 10 MG TAB MO	3	PA,QL (60 per 30 days)
FANAPT 12 MG TAB MO	3	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABS IN A DOSE PACK MO	3	PA,QL (60 per 30 days)
FANAPT 2 MG TAB MO	3	PA,QL (60 per 30 days)
FANAPT 4 MG TAB MO	3	PA,QL (60 per 30 days)
FANAPT 6 MG TAB MO	3	PA,QL (60 per 30 days)
FANAPT 8 MG TAB MO	3	PA,QL (60 per 30 days)
FAZACLO 100 MG TAB, RAPID DISSOLVE MO	3	ST
FAZACLO 12.5 MG TAB, RAPID DISSOLVE MO	3	ST
FAZACLO 150 MG TAB, RAPID DISSOLVE MO	3	ST
FAZACLO 200 MG TAB, RAPID DISSOLVE MO	3	ST
FAZACLO 25 MG TAB, RAPID DISSOLVE MO	3	ST
felbamate 400 mg tablet MO	3	
felbamate 600 mg tablet MO	3	
FELBATOL 400 MG TAB MO	3	
FELBATOL 600 MG TAB MO	3	
FELBATOL 600 MG/5 ML ORAL SUSP MO	3	
fenoprofen 600 mg tablet GC,MO	1	
fentanyl 0.05 mg/ml ampul GC,MO	2	
fentanyl 0.05 mg/ml syringe GC,MO	2	
fentanyl 100 mcg/hr patch GC,MO	2	QL (20 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fentanyl 12 mcg/hr patch GC,MO	2	QL (20 per 30 days)
fentanyl 25 mcg/hr patch GC,MO	2	QL (20 per 30 days)
fentanyl 50 mcg/hr patch GC,MO	2	QL (20 per 30 days)
fentanyl 75 mcg/hr patch GC,MO	2	QL (20 per 30 days)
fentanyl cit ofc 1,200 mcg MO	4	PA,QL (120 per 30 days)
fentanyl cit ofc 1,600 mcg MO	4	PA,QL (120 per 30 days)
fentanyl citrate ofc 200 mcg MO	4	PA,QL (120 per 30 days)
fentanyl citrate ofc 400 mcg MO	4	PA,QL (120 per 30 days)
fentanyl citrate ofc 600 mcg MO	4	PA,QL (120 per 30 days)
fentanyl citrate ofc 800 mcg MO	4	PA,QL (120 per 30 days)
FLECTOR 1.3 % ADHESIVE PATCH MO	3	QL (60 per 30 days)
FLEXTRA PLUS 45 MG-425 MG-35 MG CAP MO	3	
FLEXTRA-650 TABLET MO	3	
FLEXTRA-DS TABLET MO	3	
flumazenil 0.1 mg/ml vial GC,MO	1	
fluoxetine 20 mg/5 ml solution GC,MO	1	
fluoxetine dr 90 mg capsule GC,MO	2	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule GC,MO	1	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet GC,MO	1	
fluoxetine hcl 20 mg capsule GC,MO	1	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet GC,MO	1	
fluoxetine hcl 40 mg capsule GC,MO	1	QL (60 per 30 days)
fluphenazine 1 mg tablet GC,MO	1	
fluphenazine 10 mg tablet GC,MO	1	
fluphenazine 2.5 mg tablet GC,MO	1	
fluphenazine 2.5 mg/5 ml elix GC,MO	1	
fluphenazine 2.5 mg/ml vial GC,MO	1	
fluphenazine 5 mg tablet GC,MO	1	
fluphenazine 5 mg/ml conc GC,MO	1	
fluphenazine dec 25 mg/ml vl GC,MO	1	
flurbiprofen 100 mg tablet GC,MO	1	
flurbiprofen 50 mg tablet GC,MO	1	
fluvoxamine maleate 100 mg tab GC,MO	2	QL (90 per 30 days)
fluvoxamine maleate 25 mg tab GC,MO	2	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab GC,MO	2	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml vl GC,MO	1	
fosphenytoin 500 mg pe/10 ml GC,MO	1	
frenadol tablet GC,MO	1	
gabapentin 100 mg capsule GC,MO	1	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln GC,MO	2	
gabapentin 300 mg capsule GC,MO	1	QL (270 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gabapentin 400 mg capsule GC,MO	1	QL (270 per 30 days)
gabapentin 600 mg tablet GC,MO	1	QL (180 per 30 days)
gabapentin 800 mg tablet GC,MO	1	QL (180 per 30 days)
GABITRIL 12 MG TAB MO	3	QL (120 per 30 days)
GABITRIL 16 MG TAB MO	3	QL (90 per 30 days)
GABITRIL 2 MG TAB MO	3	QL (90 per 30 days)
GABITRIL 4 MG TAB MO	3	
GEODON 20 MG CAP GC,MO	2	QL (60 per 30 days)
GEODON 20 MG IM MO	3	
GEODON 40 MG CAP GC,MO	2	QL (60 per 30 days)
GEODON 60 MG CAP GC,MO	2	QL (60 per 30 days)
GEODON 80 MG CAP GC,MO	2	QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) 24 HR TAB MO	3	ST,QL (78 per 30 days)
GRALISE 300 MG 24 HR TAB MO	3	ST,QL (30 per 30 days)
GRALISE 600 MG 24 HR TAB MO	3	ST,QL (90 per 30 days)
HALDOL 5 MG/ML INJECTION MO	3	
HALDOL DECANOATE 100 MG/ML IM MO	3	
HALDOL DECANOATE 50 MG/ML IM MO	3	
haloperidol 0.5 mg tablet GC,MO	1	
haloperidol 1 mg tablet GC,MO	1	
haloperidol 10 mg tablet GC,MO	1	
haloperidol 2 mg tablet GC,MO	1	
haloperidol 20 mg tablet GC,MO	1	
haloperidol 5 mg tablet GC,MO	1	
haloperidol dec 100 mg/ml vial GC,MO	1	
haloperidol dec 50 mg/ml vial GC,MO	1	
haloperidol lac 2 mg/ml conc GC,MO	1	
haloperidol lac 5 mg/ml vial GC,MO	1	
HORIZANT ER 600 MG TAB MO	3	PA,QL (30 per 30 days)
hydrocodon-acetaminoph 2.5-500 GC,MO	2	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-300 GC,MO	2	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-325 GC,MO	2	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-500 GC,MO	2	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-650 GC,MO	2	QL (180 per 30 days)
hydrocodon-acetaminoph 7.5-750 GC,MO	2	QL (150 per 30 days)
hydrocodon-acetaminophen 5-300 GC,MO	2	QL (360 per 30 days)
hydrocodon-acetaminophen 5-325 GC,MO	2	QL (360 per 30 days)
hydrocodon-acetaminophen 5-500 GC,MO	2	QL (240 per 30 days)
hydrocodon-acetaminophn 10-300 GC,MO	2	QL (360 per 30 days)
hydrocodon-acetaminophn 10-325 GC,MO	2	QL (360 per 30 days)
hydrocodon-acetaminophn 10-500 GC,MO	2	QL (240 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodon-acetaminophen 10-650 GC,MO	2	QL (180 per 30 days)
hydrocodone-acetaminophen 10-660 GC,MO	2	QL (180 per 30 days)
hydrocodone-acetaminophen 10-750 GC,MO	2	QL (150 per 30 days)
hydrocodone bt-ibuprofen tab GC,MO	2	QL (150 per 30 days)
hydromorphone 1 mg/ml syringe GC,MO	1	
hydromorphone 2 mg tablet GC,MO	1	
hydromorphone 2 mg/ml syringe GC,MO	1	
hydromorphone 2 mg/ml vial GC,MO	1	
hydromorphone 3 mg suppos GC,MO	1	
hydromorphone 4 mg tablet GC,MO	1	
hydromorphone 4 mg/ml syrin GC,MO	1	
hydromorphone 500 mg/50 ml via GC,MO	1	
hydromorphone 8 mg tablet GC,MO	1	
hydromorphone hcl 1 mg/ml amp GC,MO	1	
hydromorphone hcl 2 mg/ml amp GC,MO	1	
hydromorphone hcl 4 mg/ml amp GC,MO	1	
ibuprofen 100 mg/5 ml susp GC,MO	1	
ibuprofen 400 mg tablet GC,MO	1	
ibuprofen 600 mg tablet GC,MO	1	
ibuprofen 800 mg tablet GC,MO	1	
imipramine hcl 10 mg tablet GC,MO	1	
imipramine hcl 25 mg tablet GC,MO	1	
imipramine hcl 50 mg tablet GC,MO	1	
imipramine pamoate 100 mg cap GC,MO	2	
imipramine pamoate 125 mg cap GC,MO	2	
imipramine pamoate 150 mg cap GC,MO	2	
imipramine pamoate 75 mg cap GC,MO	2	
INDOCIN 1 MG IV SOLUTION MO	3	
INDOCIN 25 MG/5 ML ORAL SUSP MO	3	
INDOCIN 50 MG RECTAL SUPPOSITORY MO	3	
indomethacin 1 mg vial GC,MO	1	
indomethacin 25 mg capsule GC,MO	1	
indomethacin 50 mg capsule GC,MO	1	
indomethacin er 75 mg capsule MO	3	
INFUMORPH P/F 10 MG/ML INJECTION MO	3	
INFUMORPH P/F 25 MG/ML INJECTION MO	3	
INTUNIV ER 1 MG 24 HR TAB MO	3	QL (30 per 30 days)
INTUNIV ER 2 MG 24 HR TAB MO	3	QL (30 per 30 days)
INTUNIV ER 3 MG 24 HR TAB MO	3	QL (30 per 30 days)
INTUNIV ER 4 MG 24 HR TAB MO	3	QL (30 per 30 days)
INVEGA 1.5 MG 24 HR TAB MO	3	ST,QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA 3 MG 24 HR TAB MO	3	ST,QL (30 per 30 days)
INVEGA 6 MG 24 HR TAB MO	3	ST,QL (60 per 30 days)
INVEGA 9 MG 24 HR TAB MO	3	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML IM SYRINGE MO	4	QL (1 per 30 days)
INVEGA SUSTENNA 156 MG/ML (1 ML) IM SYRINGE MO	4	QL (1 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML IM SYRINGE MO	4	QL (1 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML IM SYRINGE MO	3	QL (1 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML IM SYRINGE MO	3	QL (1 per 30 days)
KADIAN 10 MG CAP GC,MO	2	QL (60 per 30 days)
KADIAN 100 MG CAP GC,MO	2	QL (60 per 30 days)
KADIAN 20 MG CAP GC,MO	2	QL (60 per 30 days)
KADIAN 200 MG CAP GC,MO	2	QL (60 per 30 days)
KADIAN 30 MG CAP GC,MO	2	QL (60 per 30 days)
KADIAN 50 MG CAP GC,MO	2	QL (60 per 30 days)
KADIAN 60 MG CAP GC,MO	2	QL (60 per 30 days)
KADIAN 80 MG CAP GC,MO	2	QL (60 per 30 days)
KEPPRA 500 MG/5 ML IV MO	3	
ketoprofen 50 mg capsule GC,MO	1	
ketoprofen 75 mg capsule GC,MO	1	
ketoprofen er 200 mg capsule GC,MO	2	
LAGESIC CAPLET MO	3	
LAMICTAL 100 MG TAB MO	3	QL (150 per 30 days)
LAMICTAL 150 MG TAB MO	3	QL (90 per 30 days)
LAMICTAL 200 MG TAB MO	3	QL (90 per 30 days)
LAMICTAL 25 MG DISPERSIBLE TAB MO	3	
LAMICTAL 25 MG TAB MO	3	QL (120 per 30 days)
LAMICTAL 5 MG DISPERSIBLE TAB MO	3	
LAMICTAL ODT 100 MG TAB MO	3	QL (120 per 30 days)
LAMICTAL ODT 200 MG TAB MO	3	QL (90 per 30 days)
LAMICTAL ODT 25 MG TAB MO	3	QL (120 per 30 days)
LAMICTAL ODT 50 MG TAB MO	3	QL (90 per 30 days)
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TAB, PACK MO	3	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TAB, PACK MO	3	
LAMICTAL ODT STARTER (ORANGE) 25MG (14)-50MG (14)-100MG (7) TAB, PACK MO	3	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABS IN A DOSE PACK MO	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	3	
LAMICTAL XR 100 MG 24 HR TAB MO	3	QL (120 per 30 days)
LAMICTAL XR 200 MG 24 HR TAB MO	3	QL (90 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL XR 25 MG 24 HR TAB MO	3	QL (90 per 30 days)
LAMICTAL XR 50 MG 24 HR TAB MO	3	QL (90 per 30 days)
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TAB, DOSE PACK MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200MG(7) TAB, PACK MO	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50MG (14)-100MG (7) TAB, PACK MO	3	
lamotrigine 100 mg tablet GC,MO	1	QL (150 per 30 days)
lamotrigine 150 mg tablet GC,MO	1	QL (90 per 30 days)
lamotrigine 200 mg tablet GC,MO	1	QL (90 per 30 days)
lamotrigine 25 mg disper tab GC,MO	1	
lamotrigine 25 mg tablet GC,MO	1	QL (120 per 30 days)
lamotrigine 25 mg tb start kit GC,MO	1	
lamotrigine 5 mg disper tablet GC,MO	1	
lamotrigine tablet starter kit GC,MO	1	
LATUDA 40 MG TAB MO	3	PA,QL (30 per 30 days)
LATUDA 80 MG TAB MO	3	PA,QL (30 per 30 days)
LEVACET 500 MG-250 MG-150 MG-32.5 MG TAB MO	3	
levetiracetam 1,000 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam 100 mg/ml soln GC,MO	1	
levetiracetam 250 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam 500 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam 500 mg/5 ml soln GC,MO	1	QL (900 per 30 days)
levetiracetam 500 mg/5 ml vial GC,MO	1	
levetiracetam 750 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam er 500 mg tablet GC,MO	1	QL (180 per 30 days)
levetiracetam er 750 mg tablet GC,MO	1	QL (120 per 30 days)
levorphanol 2 mg tablet GC,MO	2	
LEXAPRO 10 MG TAB GC,MO	2	QL (30 per 30 days)
LEXAPRO 20 MG TAB GC,MO	2	QL (30 per 30 days)
LEXAPRO 5 MG TAB GC,MO	2	QL (30 per 30 days)
LEXAPRO 5 MG/5 ML ORAL SOLN GC,MO	2	QL (600 per 30 days)
LIMBITROL TABLET MO	3	PA
lithium 8 meq/5 ml solution GC,MO	1	
lithium carbonate 150 mg cap GC,MO	1	
lithium carbonate 300 mg cap GC,MO	1	
lithium carbonate 300 mg tab GC,MO	1	
lithium carbonate 600 mg cap GC,MO	1	
lithium carbonate er 300 mg tb GC,MO	1	
lithium er 450 mg tablet GC,MO	1	
loxapine 10 mg capsule GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
loxapine 25 mg capsule GC,MO	1	
loxapine 5 mg capsule GC,MO	1	
loxapine 50 mg capsule GC,MO	1	
LOXITANE 10 MG CAP GC,MO	2	
LOXITANE 25 MG CAP GC,MO	2	
LOXITANE 5 MG CAP GC,MO	2	
LOXITANE 50 MG CAP GC,MO	2	
LUNESTA 1 MG TAB MO	3	QL (30 per 30 days)
LUNESTA 2 MG TAB MO	3	QL (30 per 30 days)
LUNESTA 3 MG TAB MO	3	QL (30 per 30 days)
LUVOX CR 100 MG 24 HR CAP MO	3	QL (60 per 30 days)
LUVOX CR 150 MG 24 HR CAP MO	3	QL (60 per 30 days)
LYRICA 100 MG CAP MO	3	ST,QL (90 per 30 days)
LYRICA 150 MG CAP MO	3	ST,QL (90 per 30 days)
LYRICA 200 MG CAP MO	3	ST,QL (90 per 30 days)
LYRICA 225 MG CAP MO	3	ST,QL (60 per 30 days)
LYRICA 25 MG CAP MO	3	ST,QL (90 per 30 days)
LYRICA 300 MG CAP MO	3	ST,QL (60 per 30 days)
LYRICA 50 MG CAP MO	3	ST,QL (90 per 30 days)
LYRICA 75 MG CAP MO	3	ST,QL (90 per 30 days)
magnesium chl 200 mg/ml vial GC,MO	1	
magnesium sulf 4% iv soln GC,MO	1	
magnesium sulf 8% iv soln GC,MO	1	
magnesium sulfate 50% syringe GC,MO	1	
magnesium sulfate 50% vial GC,MO	1	
magnesium-d5w 1 gm/100 ml soln GC,MO	1	
maprotiline 25 mg tablet GC,MO	1	
maprotiline 50 mg tablet GC,MO	1	
maprotiline 75 mg tablet GC,MO	1	
margesic h 5-500 capsule GC,MO	2	QL (240 per 30 days)
MARPLAN 10 MG TAB MO	3	
MAXALT 10 MG TAB MO	3	QL (12 per 30 days)
MAXALT 5 MG TAB MO	3	QL (12 per 30 days)
MAXALT-MLT 10 MG TAB, RAPID DISSOLVE MO	3	QL (12 per 30 days)
MAXALT-MLT 5 MG TAB, RAPID DISSOLVE MO	3	QL (12 per 30 days)
MAXIDONE 10 MG-750 MG TAB MO	3	QL (150 per 30 days)
meclofenamate 100 mg capsule GC,MO	1	
meclofenamate 50 mg capsule GC,MO	1	
meloxicam 15 mg tablet GC,MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet GC,MO	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp GC,MO	1	QL (300 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methadone 10 mg/5 ml solution GC,MO	1	
methadone 10 mg/ml oral conc GC,MO	1	
methadone 5 mg/5 ml solution GC,MO	1	
methadone hcl 10 mg tablet GC,MO	1	
methadone hcl 10 mg/ml vial GC,MO	1	
methadone hcl 5 mg tablet GC,MO	1	
methadone intensol 10 mg/ml oral concentrate GC,MO	1	
methadose 10 mg tab GC,MO	1	
METHADOSE 10 MG/ML ORAL CONCENTRATE GC,MO	1	
methamphetamine 5 mg tablet GC,MO	2	
methyl salicylate liquid GC,MO	1	
methylphenidate 10 mg tablet GC,MO	1	PA
methylphenidate 20 mg tablet GC,MO	1	PA
methylphenidate 5 mg tablet GC,MO	1	PA
mirtazapine 15 mg odt GC,MO	2	QL (30 per 30 days)
mirtazapine 15 mg tablet GC,MO	2	QL (30 per 30 days)
mirtazapine 30 mg odt GC,MO	2	QL (30 per 30 days)
mirtazapine 30 mg tablet GC,MO	2	QL (30 per 30 days)
mirtazapine 45 mg odt GC,MO	2	QL (30 per 30 days)
mirtazapine 45 mg tablet GC,MO	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet GC,MO	2	
MOBAN 10 MG TAB MO	3	
MOBAN 25 MG TAB MO	3	
MOBAN 5 MG TABLET MO	3	
MOBAN 50 MG TAB MO	3	
morphine 0.5 mg/ml ampul p-f GC,MO	2	
morphine 1 mg/ml syringe GC,MO	2	
morphine 1 mg/ml vial p-f GC,MO	2	
morphine 1 mg/ml-d5w 100 ml GC,MO	2	
morphine 1 mg/ml-d5w 250 ml GC,MO	2	
morphine 10 mg/ml syringe GC,MO	2	
morphine 10 mg/ml vial GC,MO	2	
morphine 15 mg/ml syringe GC,MO	2	
morphine 15 mg/ml vial GC,MO	2	
morphine 2 mg/ml syringe GC,MO	2	
morphine 25 mg/ml syringe GC,MO	2	
morphine 4 mg/ml syringe GC,MO	2	
morphine 5 mg/ml vial GC,MO	2	
morphine 8 mg/ml syringe GC,MO	2	
morphine 8 mg/ml vial GC,MO	2	
morphine sulf 10 mg suppos GC,MO	2	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf 10 mg/5 ml soln GC,MO	2	
morphine sulf 100 mg/5 ml soln GC,MO	1	
morphine sulf 20 mg suppos GC,MO	2	
morphine sulf 20 mg/5 ml soln GC,MO	2	
morphine sulf 30 mg suppos GC,MO	2	
morphine sulf 5 mg suppos GC,MO	2	
morphine sulf er 100 mg tablet GC,MO	2	
morphine sulf er 15 mg tablet GC,MO	2	
morphine sulf er 200 mg tablet GC,MO	2	
morphine sulf er 30 mg tablet GC,MO	2	
morphine sulf er 60 mg tablet GC,MO	2	
morphine sulfate 1 mg/ml vial GC,MO	2	
morphine sulfate 25 mg/ml vial GC,MO	2	
morphine sulfate 25 mg/ml vl GC,MO	2	
morphine sulfate 50 mg/ml vial GC,MO	2	
morphine sulfate ir 15 mg tab GC,MO	2	
morphine sulfate ir 30 mg tab GC,MO	2	
mst 600 600 mg tab GC,MO	1	
myophen caplet GC,MO	1	
nabumetone 500 mg tablet GC,MO	1	
nabumetone 750 mg tablet GC,MO	1	
nalbuphine 10 mg/ml ampul GC,MO	2	
nalbuphine 200 mg/10 ml vial GC,MO	2	
NALFON 200 MG CAP MO	3	
NALFON 400 MG CAP MO	3	
naloxone 0.02 mg/ml vial GC,MO	1	
naloxone 0.4 mg/ml syringe GC,MO	1	
naloxone 0.4 mg/ml vial GC,MO	1	
naloxone 1 mg/ml syringe GC,MO	1	
naltrexone 50 mg tablet GC,MO	1	
NAMENDA 10 MG TAB GC,MO	2	QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLN GC,MO	2	QL (360 per 30 days)
NAMENDA 5 MG TAB GC,MO	2	QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABS IN A DOSE PACK GC,MO	2	QL (98 per 30 days)
naproxen 125 mg/5 ml suspen GC,MO	1	
naproxen 250 mg tablet GC,MO	1	
naproxen 375 mg tablet GC,MO	1	
naproxen 500 mg tablet GC,MO	1	
naproxen ec 375 mg tablet GC,MO	1	
naproxen ec 500 mg tablet GC,MO	1	
naproxen sodium 275 mg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naproxen sodium 550 mg tab GC,MO	1	
naratriptan hcl 1 mg tablet GC,MO	2	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet GC,MO	2	QL (9 per 30 days)
NARDIL 15 MG TAB MO	3	
NAVANE 10 MG CAP GB,MO	3	
NAVANE 2 MG CAP GB,MO	3	
NAVANE 20 MG CAP MO	3	
NAVANE 5 MG CAPSULE MO	3	
nefazodone hcl 100 mg tablet GC,MO	1	
nefazodone hcl 150 mg tablet GC,MO	1	
nefazodone hcl 200 mg tablet GC,MO	1	
nefazodone hcl 250 mg tablet GC,MO	1	
nefazodone hcl 50 mg tablet GC,MO	1	
NEURONTIN 250 MG/5 ML ORAL SOLN MO	3	
NORPRAMIN 10 MG TAB MO	3	
NORPRAMIN 100 MG TAB GB,MO	3	
NORPRAMIN 150 MG TAB MO	3	
NORPRAMIN 25 MG TAB GB,MO	3	
NORPRAMIN 50 MG TAB GB,MO	3	
NORPRAMIN 75 MG TAB MO	3	
nortriptyline 10 mg/5 ml sol GC,MO	1	
nortriptyline hcl 10 mg cap GC,MO	1	
nortriptyline hcl 25 mg cap GC,MO	1	
nortriptyline hcl 50 mg cap GC,MO	1	
nortriptyline hcl 75 mg cap GC,MO	1	
OPANA ER 10 MG 12 HR TAB GC,MO	2	QL (60 per 30 days)
OPANA ER 15 MG TABLET GC,MO	2	QL (60 per 30 days)
OPANA ER 20 MG 12 HR TAB GC,MO	2	QL (60 per 30 days)
OPANA ER 30 MG 12 HR TAB GC,MO	2	QL (60 per 30 days)
OPANA ER 40 MG 12 HR TAB GC,MO	2	QL (60 per 30 days)
OPANA ER 5 MG 12 HR TAB GC,MO	2	QL (60 per 30 days)
OPANA ER 7.5 MG TABLET GC,MO	2	QL (60 per 30 days)
ORAP 1 MG TAB GB,MO	3	
ORAP 2 MG TAB MO	3	
oxaprozin 600 mg tablet GC,MO	1	
oxcarbazepine 150 mg tablet GC,MO	1	
oxcarbazepine 300 mg tablet GC,MO	1	
oxcarbazepine 300 mg/5 ml susp GC,MO	1	
oxcarbazepine 600 mg tablet GC,MO	1	
oxycodon-acetaminophen 2.5-325 GC,MO	2	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 GC,MO	2	QL (360 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodon-acetaminophen 7.5-500 GC,MO	2	QL (240 per 30 days)
oxycodone conc 20 mg/ml soln GC,MO	1	
oxycodone hcl 10 mg tablet GC,MO	2	
oxycodone hcl 15 mg tablet GC,MO	2	
oxycodone hcl 20 mg tablet GC,MO	2	
oxycodone hcl 30 mg tablet GC,MO	2	
oxycodone hcl 5 mg capsule GC,MO	2	
oxycodone hcl 5 mg tablet GC,MO	2	
oxycodone hcl 5 mg/5 ml sol GC,MO	2	
oxycodone-acetaminophen 10-325 GC,MO	2	QL (360 per 30 days)
oxycodone-acetaminophen 10-650 GC,MO	2	QL (180 per 30 days)
oxycodone-acetaminophen 5-325 GC,MO	2	QL (360 per 30 days)
oxycodone-acetaminophen 5-500 GC,MO	2	QL (240 per 30 days)
oxycodone-asa 4.5-0.38-325 tab GC,MO	2	
oxycodone-aspirin 4.83-325 mg GC,MO	2	
oxycodone-ibuprofen 5-400 tab GC,MO	2	QL (240 per 30 days)
oxymorphone hcl er 15 mg tab GC,MO	2	QL (60 per 30 days)
oxymorphone hcl er 7.5 mg tab GC,MO	2	QL (60 per 30 days)
paroxetine cr 12.5 mg tablet MO	3	QL (60 per 30 days)
paroxetine cr 25 mg tablet MO	3	QL (90 per 30 days)
paroxetine cr 37.5 mg tablet MO	3	QL (60 per 30 days)
paroxetine hcl 10 mg tablet GC,MO	1	QL (30 per 30 days)
paroxetine hcl 10 mg/5 ml susp GC,MO	1	
paroxetine hcl 20 mg tablet GC,MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg tablet GC,MO	1	QL (60 per 30 days)
paroxetine hcl 40 mg tablet GC,MO	1	QL (60 per 30 days)
PEGANONE 250 MG TAB MO	3	
perphen-amitrip 2 mg-10 mg tab GC,MO	1	
perphen-amitrip 2 mg-25 mg tab GC,MO	1	
perphen-amitrip 4 mg-10 mg tab GC,MO	1	
perphen-amitrip 4 mg-25 mg tab GC,MO	1	
perphen-amitrip 4 mg-50 mg tab GC,MO	1	
perphenazine 16 mg tablet GC,MO	1	
perphenazine 2 mg tablet GC,MO	1	
perphenazine 4 mg tablet GC,MO	1	
perphenazine 8 mg tablet GC,MO	1	
phenelzine sulfate 15 mg tab GC,MO	2	
PHENYTEK 200 MG CAP GC,MO	2	
PHENYTEK 300 MG CAP GC,MO	2	
phenytoin 100 mg/4 ml susp GC,MO	1	
phenytoin 125 mg/5 ml susp GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenytoin 50 mg/ml syringe GC,MO	1	
phenytoin 50 mg/ml vial GC,MO	1	
phenytoin sod ext 100 mg cap GC,MO	1	
phenytoin sod ext 200 mg cap GC,MO	1	
phenytoin sod ext 300 mg cap GC,MO	1	
piroxicam 10 mg capsule GC,MO	2	
piroxicam 20 mg capsule GC,MO	2	
pramipexole 0.125 mg tablet GC,MO	1	
pramipexole 0.25 mg tablet GC,MO	1	
pramipexole 0.5 mg tablet GC,MO	1	
pramipexole 0.75 mg tablet GC,MO	1	
pramipexole 1 mg tablet GC,MO	1	
pramipexole 1.5 mg tablet GC,MO	1	
PRECEDEX 200 MCG/2 ML IV MO	3	
PRIALT 100 MCG/ML INTRATHECAL SP	4	
PRIALT 25 MCG/ML INTRATHECAL SP	4	
primalev 2.5-300 mg tablet GC,MO	2	
primidone 250 mg tablet GC,MO	1	
primidone 50 mg tablet GC,MO	1	
PRISTIQ 100 MG 24 HR TAB MO	3	QL (30 per 30 days)
PRISTIQ 50 MG 24 HR TAB MO	3	QL (30 per 30 days)
protriptyline hcl 10 mg tablet GC,MO	1	
protriptyline hcl 5 mg tablet GC,MO	1	
qflex tablet GC,MO	1	
RELAGESIC TABLET MO	3	
REQUIP XL 12 MG 24 HR TAB MO	3	QL (90 per 30 days)
REQUIP XL 2 MG 24 HR TAB MO	3	QL (90 per 30 days)
REQUIP XL 4 MG 24 HR TAB MO	3	QL (90 per 30 days)
REQUIP XL 6 MG 24 HR TAB MO	3	QL (90 per 30 days)
REQUIP XL 8 MG 24 HR TAB MO	3	QL (90 per 30 days)
revia 50 mg tab MO	3	
rhinoflex 50 mg-500 mg tab GC,MO	1	
rhinoflex-650 50 mg-650 mg tab GC,MO	1	
RILUTEK 50 MG TAB GC,MO	2	
RISPERDAL 1 MG/ML ORAL SOLN MO	3	
RISPERDAL CONSTA 12.5 MG/2 ML IM SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML IM SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML IM SYRINGE MO	3	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML IM SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL M-TAB 0.5 MG MO	3	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG MO	3	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL M-TAB 2 MG MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 3 MG MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 4 MG MO	3	QL (60 per 30 days)
risperidone 0.25 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 0.25 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone 0.5 mg odt GC,MO	1	QL (120 per 30 days)
risperidone 0.5 mg tablet GC,MO	1	QL (120 per 30 days)
risperidone 1 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 1 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone 1 mg/ml solution GC,MO	1	
risperidone 2 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 2 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone 3 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 3 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone 4 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 4 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone m-tab 0.5 mg tab, rapid dissolve GC,MO	1	QL (120 per 30 days)
risperidone m-tab 1 mg tab, rapid dissolve GC,MO	1	QL (60 per 30 days)
risperidone m-tab 2 mg tab, rapid dissolve GC,MO	1	QL (60 per 30 days)
risperidone m-tab 3 mg tab, rapid dissolve GC,MO	1	QL (60 per 30 days)
risperidone m-tab 4 mg tab, rapid dissolve GC,MO	1	QL (60 per 30 days)
ROMAZICON 0.1 MG/ML IV MO	3	
ropinirole hcl 0.25 mg tablet GC,MO	1	
ropinirole hcl 0.5 mg tablet GC,MO	1	
ropinirole hcl 1 mg tablet GC,MO	1	
ropinirole hcl 2 mg tablet GC,MO	1	
ropinirole hcl 3 mg tablet GC,MO	1	
ropinirole hcl 4 mg tablet GC,MO	1	
ropinirole hcl 5 mg tablet GC,MO	1	
roxicet 5 mg-325 mg tab GC,MO	2	QL (360 per 30 days)
ROXICET 5 MG-325 MG/5 ML ORAL SOLN GC,MO	2	
ROXICET 5 MG-500 MG TAB GC,MO	2	QL (240 per 30 days)
SABRIL 500 MG ORAL POWDER IN PACKET MO	4	PA,QL (180 per 30 days)
SABRIL 500 MG TAB MO	4	PA,QL (180 per 30 days)
salsalate 500 mg tablet GC,MO	1	
salsalate 750 mg tablet GC,MO	1	
SAPHRIS 10 MG SUBLINGUAL TAB MO	3	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TAB MO	3	PA,QL (60 per 30 days)
SAVELLA 100 MG TAB GC,MO	2	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABS IN A DOSE PACK GC,MO	2	QL (60 per 30 days)
SAVELLA 12.5 MG TAB GC,MO	2	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAVELLA 25 MG TAB GC,MO	2	QL (60 per 30 days)
SAVELLA 50 MG TAB GC,MO	2	QL (60 per 30 days)
selegiline hcl 5 mg capsule GC,MO	1	
selegiline hcl 5 mg tablet GC,MO	1	
SEROQUEL 100 MG TAB GC,MO	2	QL (90 per 30 days)
SEROQUEL 200 MG TAB GC,MO	2	QL (120 per 30 days)
SEROQUEL 25 MG TAB GC,MO	2	QL (120 per 30 days)
SEROQUEL 300 MG TAB GC,MO	2	QL (90 per 30 days)
SEROQUEL 400 MG TAB GC,MO	2	QL (90 per 30 days)
SEROQUEL 50 MG TAB GC,MO	2	QL (120 per 30 days)
SEROQUEL XR 150 MG 24 HR TAB GC,MO	2	QL (90 per 30 days)
SEROQUEL XR 200 MG 24 HR TAB GC,MO	2	QL (30 per 30 days)
SEROQUEL XR 300 MG 24 HR TAB GC,MO	2	QL (60 per 30 days)
SEROQUEL XR 400 MG 24 HR TAB GC,MO	2	QL (60 per 30 days)
SEROQUEL XR 50 MG 24 HR TAB GC,MO	2	QL (120 per 30 days)
sertraline 20 mg/ml oral conc GC,MO	1	
sertraline hcl 100 mg tablet GC,MO	1	QL (60 per 30 days)
sertraline hcl 25 mg tablet GC,MO	1	QL (60 per 30 days)
sertraline hcl 50 mg tablet GC,MO	1	QL (60 per 30 days)
somnoten 500 mg cap GC,MO	1	
STAFLEX CAPLET MO	3	
stagesic 5 mg-500 mg cap GC,MO	2	QL (240 per 30 days)
STALEVO 100 25 MG-100 MG-200 MG TAB GC,MO	2	
STALEVO 125 31.25 MG-125 MG-200 MG TAB GC,MO	2	
STALEVO 150 37.5 MG-150 MG-200 MG TAB GC,MO	2	
STALEVO 200 50 MG-200 MG-200 MG TAB GC,MO	2	
STALEVO 50 12.5 MG-50 MG-200 MG TAB GC,MO	2	
STALEVO 75 18.75 MG-75 MG-200 MG TAB GC,MO	2	
STAVZOR 125 MG CAP MO	3	
STAVZOR 250 MG CAP MO	3	
STAVZOR 500 MG CAP MO	3	
STRATTERA 10 MG CAP MO	3	QL (60 per 30 days)
STRATTERA 100 MG CAP MO	3	QL (30 per 30 days)
STRATTERA 18 MG CAP MO	3	QL (60 per 30 days)
STRATTERA 25 MG CAP MO	3	QL (60 per 30 days)
STRATTERA 40 MG CAP MO	3	QL (60 per 30 days)
STRATTERA 60 MG CAP MO	3	QL (60 per 30 days)
STRATTERA 80 MG CAP MO	3	QL (30 per 30 days)
sufentanil 250 mcg/5 ml ampul GC,MO	2	
sulindac 150 mg tablet GC,MO	1	
sulindac 200 mg tablet GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sumatriptan 20 mg nasal spray GC,MO	2	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml kit GC,MO	2	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml refill MO	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml syrng GC,MO	2	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml vial GC,MO	2	QL (6 per 30 days)
sumatriptan 5 mg nasal spray GC,MO	2	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject GC,MO	2	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml refill MO	3	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng GC,MO	2	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial GC,MO	2	QL (6 per 30 days)
sumatriptan succ 100 mg tablet GC,MO	1	QL (9 per 30 days)
sumatriptan succ 25 mg tablet GC,MO	1	QL (9 per 30 days)
sumatriptan succ 50 mg tablet GC,MO	1	QL (9 per 30 days)
SURMONTIL 100 MG CAP MO	3	
SURMONTIL 25 MG CAP MO	3	
SURMONTIL 50 MG CAP MO	3	
TASMAR 100 MG TAB MO	3	PA
TASMAR 200 MG TABLET MO	3	PA,QL (90 per 30 days)
TEGRETOL XR 100 MG 12 HR TAB MO	3	
TEGRETOL XR 200 MG 12 HR TAB MO	3	
TEGRETOL XR 400 MG 12 HR TAB MO	3	
THIOCYL 50 MG/ML AMPUL MO	3	
thioridazine 10 mg tablet GC,MO	1	PA
thioridazine 100 mg tablet GC,MO	1	PA
thioridazine 25 mg tablet GC,MO	1	PA
thioridazine 50 mg tablet GC,MO	1	PA
thiothixene 1 mg capsule GC,MO	1	
thiothixene 10 mg capsule GC,MO	1	
thiothixene 2 mg capsule GC,MO	1	
thiothixene 5 mg capsule GC,MO	1	
tolmetin sodium 200 mg tab GC,MO	2	
tolmetin sodium 400 mg cap GC,MO	2	
tolmetin sodium 600 mg tab GC,MO	2	
TOPAMAX 100 MG TAB MO	3	QL (120 per 30 days)
TOPAMAX 15 MG SPRINKLE CAP MO	3	
TOPAMAX 200 MG TAB MO	3	QL (120 per 30 days)
TOPAMAX 25 MG SPRINKLE CAP MO	3	
TOPAMAX 25 MG TAB MO	3	QL (90 per 30 days)
TOPAMAX 50 MG TAB MO	3	QL (120 per 30 days)
topiragen 100 mg tab GC,MO	1	QL (120 per 30 days)
topiragen 200 mg tab GC,MO	1	QL (120 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
topiragen 25 mg tab GC,MO	1	QL (90 per 30 days)
topiragen 50 mg tab GC,MO	1	QL (120 per 30 days)
topiramate 100 mg tablet GC,MO	1	QL (120 per 30 days)
topiramate 15 mg sprinkle cap GC,MO	1	
topiramate 200 mg tablet GC,MO	1	QL (120 per 30 days)
topiramate 25 mg sprinkle cap GC,MO	1	
topiramate 25 mg tablet GC,MO	1	QL (90 per 30 days)
topiramate 50 mg tablet GC,MO	1	QL (120 per 30 days)
tramadol hcl 50 mg tablet GC,MO	1	QL (240 per 30 days)
tramadol-acetaminophen 37.5-325 GC,MO	2	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab GC,MO	1	
trazodone 100 mg tablet GC,MO	1	
trazodone 150 mg tablet GC,MO	1	
trazodone 300 mg tablet GC,MO	1	
trazodone 50 mg tablet GC,MO	1	
TREXIMET 85 MG-500 MG TAB MO	3	QL (12 per 30 days)
trifluoperazine 1 mg tablet GC,MO	1	
trifluoperazine 10 mg tablet GC,MO	1	
trifluoperazine 2 mg tablet GC,MO	1	
trifluoperazine 5 mg tablet GC,MO	1	
trihexyphenidyl 2 mg tablet GC,MO	1	
trihexyphenidyl 2 mg/5 ml elx GC,MO	1	
trihexyphenidyl 5 mg tablet GC,MO	1	
ULTIVA 1 MG SOLUTION MO	3	
ULTIVA 2 MG SOLUTION MO	3	
ULTIVA 5 MG SOLUTION MO	3	
ULTRACET 37.5 MG-325 MG TAB MO	3	QL (240 per 30 days)
valproate sod 500 mg/5 ml vl GC,MO	1	
valproic acid 250 mg capsule GC,MO	1	
valproic acid 250 mg/5 ml syr GC,MO	1	
venlafaxine hcl 100 mg tablet GC,MO	2	
venlafaxine hcl 25 mg tablet GC,MO	2	
venlafaxine hcl 37.5 mg tablet GC,MO	2	
venlafaxine hcl 50 mg tablet GC,MO	2	
venlafaxine hcl 75 mg tablet GC,MO	2	
venlafaxine hcl er 150 mg cap GC,MO	1	QL (60 per 30 days)
VENLAFAKINE HCL ER 150 MG TAB MO	3	QL (30 per 30 days)
VENLAFAKINE HCL ER 225 MG TAB MO	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap GC,MO	1	QL (30 per 30 days)
VENLAFAKINE HCL ER 37.5 MG TAB MO	3	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap GC,MO	1	QL (90 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENLAFAXINE HCL ER 75 MG TAB MO	3	QL (60 per 30 days)
VIIBRYD 10 MG TAB MO	3	QL (30 per 30 days)
VIIBRYD 20 MG TAB MO	3	QL (30 per 30 days)
VIIBRYD 40 MG TAB MO	3	QL (30 per 30 days)
VIMOVO 375 MG-20 MG MULTIPHASE, IMMED & DELAY REL TAB GC,MO	2	ST,QL (60 per 30 days)
VIMOVO 500 MG-20 MG MULTIPHASE, IMMED & DELAY REL TAB GC,MO	2	ST,QL (60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLN MO	3	QL (1395 per 30 days)
VIMPAT 100 MG TAB MO	3	QL (90 per 30 days)
VIMPAT 150 MG TAB MO	3	QL (90 per 30 days)
VIMPAT 200 MG TAB MO	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML IV MO	3	
VIMPAT 50 MG TAB MO	3	QL (90 per 30 days)
vistra 650 tablet GC,MO	1	
VIVITROL 380 MG IM SUSP MO	4	PA
VOLTAREN 1 % TOPICAL GEL MO	3	
XENAZINE 12.5 MG TAB SP	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TAB SP	4	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLN SP	4	
zaleplon 10 mg capsule GC,MO	1	QL (60 per 30 days)
zaleplon 5 mg capsule GC,MO	1	QL (30 per 30 days)
ZARONTIN 250 MG CAP MO	3	
ZARONTIN 250 MG/5 ML SYRUP MO	3	
zerlor tablet GC,MO	1	QL (180 per 30 days)
zgesic 66 mg-600 mg tab GC,MO	1	
zolpidem tartrate 10 mg tablet GC,MO	1	QL (30 per 30 days)
zolpidem tartrate 5 mg tablet GC,MO	1	QL (30 per 30 days)
zonisamide 100 mg capsule GC,MO	1	
zonisamide 25 mg capsule GC,MO	1	
zonisamide 50 mg capsule GC,MO	1	
zorprin cr 800 mg tablet GC,MO	1	
ZYBAN 150 MG TAB MO	3	QL (90 per 30 days)
ZYPREXA 10 MG IM MO	3	PA,QL (60 per 30 days)
ZYPREXA 10 MG TAB MO	3	PA,QL (30 per 30 days)
ZYPREXA 15 MG TAB MO	3	PA,QL (60 per 30 days)
ZYPREXA 2.5 MG TAB MO	3	PA,QL (30 per 30 days)
ZYPREXA 20 MG TAB MO	3	PA,QL (60 per 30 days)
ZYPREXA 5 MG TAB MO	3	PA,QL (30 per 30 days)
ZYPREXA 7.5 MG TAB MO	3	PA,QL (30 per 30 days)
ZYPREXA RELPREVV 210 MG IM SUSP MO	3	
ZYPREXA RELPREVV 300 MG IM SUSP MO	4	
ZYPREXA RELPREVV 405 MG IM SUSP MO	4	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYPREXA ZYDIS 10 MG TAB, RAPID DISSOLVE MO	3	PA,QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG TAB, RAPID DISSOLVE MO	3	PA,QL (60 per 30 days)
ZYPREXA ZYDIS 20 MG TAB, RAPID DISSOLVE MO	3	PA,QL (60 per 30 days)
ZYPREXA ZYDIS 5 MG TAB, RAPID DISSOLVE MO	3	PA,QL (30 per 30 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 X 1/2" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS 31 X 1/4" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE GC,MO	1	
ACCUSURE INSULIN SYRN 0.5 ML GC,MO	1	
ACCUSURE INSULIN SYRN 1 ML GC,MO	1	
ACTI-LANCE LANCETS MO	3	
ACURA METER KIT MO	3	
ACURA STARTER KIT MO	3	
ADJUSTABLE LANCING DEVICE GC,MO	1	
ADVANCE INTUITION GLUCOSE KIT MO	3	
ADVANCED LANCING DEVICE KIT MO	3	
ADVOCATE LANCET MO	3	
AIMSCO INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
AIMSCO INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
AIMSCO ULTRA THIN II 29 X 1/2" NEEDLE GC,MO	1	
AIMSCO ULTRA THIN II 31 X 5/16" NEEDLE GC,MO	1	
ALTERNATE SITE LANCET MO	3	
ALTERNATE SITE LANCING DEVICE MO	3	
ASSURA EASICLOSE MINI POUCH 10 1/4" 470 ML MO	3	
ASSURE 4 CONTROL SOLUTION COMBO PACK MO	3	
ASSURE 4 METER MO	3	
ASSURE LANCE MISC MO	3	
ASSURE PLATINUM GC,MO	1	
ASSURE PRO BLOOD GLUCOSE METER KIT MO	3	
AURORA HEALTHCARE LANCETS MO	3	
AUTOJECT 2 INJECTION DEVICE SUB-Q INSULIN PEN GC,MO	1	
AUTOJECT 2 SUB-Q INSULIN PEN GC,MO	1	
AUTOLET IMPRESSION LANCING DEVICE KIT MO	3	
AUTOLET LITE CLINISAFE MO	3	
AUTOLET LITE CLINISAFE DEVICE MO	3	
AUTOLET LITE DEVICE MO	3	
AUTOLET MINI KIT MO	3	
AUTOLET MKII CLINISAFE DEVICE MO	3	
AUTOLET PLATFORMS MO	3	
AUTOPEN 1 TO 16 UNITS SUB-Q INSULIN PEN GC,MO	1	
AUTOPEN 1 TO 21 UNITS SUB-Q INSULIN PEN GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUTOPEN 2 TO 32 UNITS SUB-Q INSULIN PEN GC,MO	1	
AUTOPEN 2 TO 42 UNITS SUB-Q INSULIN PEN GC,MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 1/2" GC,MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16" GC,MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16" GC,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE GC,MO	1	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" GC,MO	1	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" GC,MO	1	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16" GC,MO	1	
BD INSULIN SYR 1 ML 25GX5/8" GC,MO	1	
BD INSULIN SYRINGE 1 ML 25 X 1" GC,MO	1	
BD INSULIN SYRINGE 1 ML 25 X 5/8" GC,MO	1	
BD INSULIN SYRINGE 1 ML 26 X 1/2" GC,MO	1	
BD INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 27 X 5/8" GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1/2 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" GC,MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML GC,MO	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" GC,MO	1	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
BD LANCET DEVICE MO	3	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE GC,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE GC,MO	1	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
BD LUER-LOK SYRINGE 1 ML GC,MO	1	
BD MICROTAINER LANCET MO	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" GC,MO	1	
BD ULTRA FINE 33G LANCETS MO	3	
BD ULTRA FINE LANCETS MO	3	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32" GC,MO	1	
BLOOD GLUCOSE MONITOR SYSTEM KIT MO	3	
BLOOD GLUCOSE MONITORING KIT MO	3	
BREEZE 2 KIT MO	3	
CAREONE LANCING DEVICE MO	3	
CAREONE THIN LANCET MO	3	
CAREONE ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1 ML 29 X 1/2" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1 ML 30 X 5/16" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
CAREONE ULTRA THIN LANCET MO	3	
CLEVER CHEK LANCETS MO	3	
CLICKFINE 31 X 1/4" NEEDLE GC,MO	1	
CLICKFINE 31 X 5/16" NEEDLE GC,MO	1	
COAGUCHEK LANCETS MO	3	
COMFORT LANCETS MO	3	
COMP-AIR ELITE COMP NEB SYSTEM DEVICE MO	3	
CONTOUR METER KIT MO	3	
CONTOUR USB KIT MO	3	
CONTROL MONITORING SYSTEM KIT MO	3	
CVS LANCING DEVICE MO	3	
CVS SYRINGE 3/10 ML GC,MO	1	
DIABETIC.COM STARTER KIT MO	3	
DIDGET METER KIT MO	3	
DISCOVISC 40 MG-17 MG/ML INTRAOCULAR SYRINGE MO	3	
DUOVISC VISCO ELASTIC 3 %-4 % (0.35 ML) 1 %(0.4 ML) INTRAOCULAR KIT MO	3	
DUOVISC VISCO ELASTIC 3 %-4 % (0.5 ML) 1 %(0.55 ML) INTRAOCULAR KIT MO	3	
E-Z JECT LANCETS MO	3	
E-Z JECT SUPER THIN LANCET 30G MO	3	
E-Z JECT THIN LANCETS MO	3	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
EASY PRO PLUS KIT MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
EASY TOUCH 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
EASY TOUCH 1 ML 28 X 1/2" SYRINGE GC,MO	1	
EASY TOUCH 1 ML 29 X 1/2" SYRINGE GC,MO	1	
EASY TOUCH 1 ML 30 X 1/2" SYRINGE GC,MO	1	
EASY TOUCH 1 ML 30 X 5/16" SYRINGE GC,MO	1	
EASY TOUCH 1 ML 31 X 5/16" SYRINGE GC,MO	1	
EASY TOUCH 1/2 ML 28 X 1/2" SYRINGE GC,MO	1	
EASY TOUCH 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
EASY TOUCH 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
EASY TOUCH 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
EASY TOUCH 29 X 1/2" NEEDLE GC,MO	1	
EASY TOUCH 31 X 1/4" NEEDLE GC,MO	1	
EASY TOUCH 31 X 3/16" NEEDLE GC,MO	1	
EASY TOUCH 31 X 5/16" NEEDLE GC,MO	1	
EASY TOUCH LANCETS MO	3	
EASYGLUCO METER KIT MO	3	
EASYGLUCO MONITORING SYSTEM KIT MO	3	
euflexxa 10 mg/ml intra-articular syringe SP	3	
EVENCARE KIT MO	3	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE GC,MO	1	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE GC,MO	1	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE GC,MO	1	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
EZ SMART LANCETS MO	3	
EZ SMART PLUS SYSTEM KIT MO	3	
EZ SMART SYSTEM KIT MO	3	
FIFTY50 2.0 GLUCOSE METER MO	3	
FIFTY50 RESERVOIR 1.8 ML MISC GC,MO	1	
FIFTY50 RESERVOIR 3 ML MISC MO	3	
FINGERSTIX LANCETS MO	3	
FIRST CHOICE LANCETS THIN MO	3	
FREESTYLE FLASH SYSTEM KIT MO	3	
FREESTYLE FREEDOM KIT MO	3	
FREESTYLE FREEDOM LITE KIT MO	3	
FREESTYLE LANCETS MO	3	
FREESTYLE LITE METER KIT MO	3	
FREESTYLE SIDEKICK II KIT MO	3	
FREESTYLE SYSTEM KIT MO	3	
FREESTYLE UNISTIK 2 MISC MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
G-4 KIT MO	3	
GENTLE DRAW LANCING DEVICE GC,MO	1	
GLUCOCARD 01 METER MO	3	
GLUCOCARD 01 METER KIT MO	3	
GLUCOCARD 01-MINI KIT GC,MO	1	
GLUCOCARD VITAL KIT MO	3	
GLUCOCARD X-METER KIT MO	3	
GLUCOCOM LANCETS MO	3	
GLUCOLET 2 AUTOMATIC LANCING KIT MO	3	
GLUCOLET 2 AUTOMATIC LANCING MISC MO	3	
GLUCOPRO 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 0.3 ML 30 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 29 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 30 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 30 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 31 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO SYRINGE GC,MO	1	
GLUCOSOURCE MISC MO	3	
HAEMOLANCE LOW FLOW LANCETS MO	3	
HAEMOLANCE PLUS LANCETS MO	3	
HAEMOLANCE PLUS MISC MO	3	
HAEMOLANCE, RETRACTABLE LANCET MO	3	
HUMAPEN LUXURA HD SUB-Q INSULIN PEN MO	3	
HUMAPEN MEMOIR SUB-Q INSULIN PEN MO	3	
HYALGAN 10 MG/ML INTRA-ARTICULAR SP	3	
HYALGAN 10 MG/ML INTRA-ARTICULAR SYRINGE SP	3	
HYPOLANCE AST LANCING KIT MO	3	
IN CONTROL PEN NEEDLE 29 X 1/2" GC,MO	1	
IN CONTROL PEN NEEDLE 31 X 1/4" GC,MO	1	
IN CONTROL PEN NEEDLE 31 X 5/16" GC,MO	1	
INFINITY METER KIT MO	3	
INFINITY STARTER KIT MO	3	
INJECT-EASE AUTOMATIC INJECTOR MISC MO	3	
INNOVO SUB-Q INSULIN PEN GC,MO	1	
INSULIN 1 ML SYRINGE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN 1/2 ML SYRINGE GC,MO	1	
INSULIN 3/10 ML SYRINGE GC,MO	1	
INSULIN CARTRIDGE 3 ML MO	3	
INSULIN PEN NEEDLE 29 X 1/2" GC,MO	1	
INSULIN PEN NEEDLE 31 GC,MO	1	
INSULIN PEN NEEDLE 31 X 1/4" GC,MO	1	
INSULIN SYR 1/2 ML BULK PACK GC,MO	1	
INSULIN SYRIN 0.3 ML 31GX5/16" GC,MO	1	
INSULIN SYRIN 0.5 ML 31GX5/16" GC,MO	1	
INSULIN SYRINGE 0.3 ML GC,MO	1	
INSULIN SYRINGE 0.5 ML GC,MO	1	
INSULIN SYRINGE 1 ML GC,MO	1	
INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
INSULIN SYRINGE 1 ML 31GX5/16" GC,MO	1	
INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" GC,MO	1	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE U100 0.5 ML GC,MO	1	
INSULIN SYRINGE U100 1 ML GC,MO	1	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" GC,MO	1	
INSUMED SYR 0.3 ML 31GX5/16" GC,MO	1	
INSUMED SYR 0.5 ML 31GX5/16" GC,MO	1	
INSUMED SYRINGE 1 ML 30GX1/2" GC,MO	1	
INSUMED SYRINGE 1 ML 30GX5/16" GC,MO	1	
INSUPEN 29 X 1/2" NEEDLE GC,MO	1	
INSUPEN 30 X 5/16" NEEDLE GC,MO	1	
INSUPEN 31 X 1/4" NEEDLE GC,MO	1	
INSUPEN 31 X 5/16" NEEDLE GC,MO	1	
INSUPEN 32 X 1/4" NEEDLE GC,MO	1	
INSUPEN 32 X 5/16" NEEDLE GC,MO	1	
INSUPEN 32 X 5/32" NEEDLE GC,MO	1	
KINRAY VALUE PACK MO	3	
KMART VALU PLUS SYR 1/2 ML GC,MO	1	
KMART VALU PLUS SYRINGE 1 ML GC,MO	1	
KROGER PEN NEEDLES 31G GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LADY LITE LANCETS MO	3	
LANCETS MO	3	
LANCETS, SUPER THIN MO	3	
LANCETS,THIN MO	3	
LANCETS,ULTRA THIN MO	3	
LANCING DEVICE WITH LANCETS MO	3	
LANCING SYSTEM MO	3	
LEADER PEN NEEDLES 12MM 29G GC,MO	1	
LEADER PEN NEEDLES 31G GC,MO	1	
LIBERTY BLOOD GLUCOSE MONITOR MO	3	
LIFE MEDICAL STARTER KIT MO	3	
LIFESCAN FINEPOINT LANCETS GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 30 X 7/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
LITE TOUCH LANCETS MO	3	
LITE TOUCH LANCING DEVICE MO	3	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" GC,MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" GC,MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" GC,MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" GC,MO	1	
MAGELLAN SYRINGE 1 ML 27 X 1/2" GC,MO	1	
MAJOR COMFORT MISC MO	3	
MEDI-JECTOR NEEDLE-FREE SYR A MISC GC,MO	1	
MEDI-JECTOR NEEDLE-FREE SYR B MISC GC,MO	1	
MEDI-JECTOR NEEDLE-FREE SYR C MISC GC,MO	1	
MEDI-JECTOR VISION SUB-Q INSULIN PEN GC,MO	1	
MEDI-LANCE LANCETS MO	3	
MEDISENSE COMBO PACK MO	3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MEDISENSE GLUCOSE KETONE COMBO PACK MO	3	
MEDLANCE PLUS LANCETS MO	3	
MICRO BLOOD GLUCOSE KIT MO	3	
MICRO THIN LANCETS MO	3	
MICROLET 2 LANCING DEVICE KIT MO	3	
MICROLET LANCET MO	3	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE GC,MO	1	
MINI WRIGHT PEAK FLOW METER MO	3	
MINI-WRIGHT PEAK FLOW METER MO	3	
MINIMED SYRINGE RESERVOIR 3 ML MO	3	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
MONOJECT SYRINGE 1/2 ML 28 GC,MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE GC,MO	1	
MONOJECTOR LANCET DEVICE MO	3	
MONOLET LANCETS MO	3	
MONOLET THIN LANCETS MO	3	
MULTI-LANCET DEVICE MO	3	
NEEDLE-PRO EDGE 0.3 ML 29GX1/2 GC,MO	1	
NEEDLE-PRO EDGE 0.3 ML 30GX1/2 GC,MO	1	
NEEDLE-PRO EDGE 0.5 ML 28GX1/2 GC,MO	1	
NEEDLE-PRO EDGE 0.5 ML 29GX1/2 GC,MO	1	
NEEDLE-PRO EDGE 0.5 ML 30GX1/2 GC,MO	1	
NEEDLE-PRO EDGE 1 ML 26GX1/2" GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEEDLE-PRO EDGE 1 ML 27GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 1 ML 28GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 1 ML 29GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 1 ML 30GX1/2" GC,MO	1	
NOVA SUREFLEX LANCETS MO	3	
NOVOFINE 30 30 X 1/3" NEEDLE GC,MO	1	
NOVOFINE 32 32 X 1/4" NEEDLE GC,MO	1	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE GC,MO	1	
NOVOPEN 3 PENMATE SUB-Q INSULIN PEN GC,MO	1	
NOVOPEN 3 SUB-Q INSULIN PEN GC,MO	1	
NOVOPEN JR SUB-Q INSULIN PEN GC,MO	1	
NOVOTWIST 30 X 1/3" NEEDLE GC,MO	1	
NOVOTWIST 32 X 1/5" NEEDLE GC,MO	1	
NUTRIPORT BALLOON KIT MO	3	
ONE TOUCH BASIC SYSTEM KIT GC,MO	1	
ONE TOUCH DELICA LANCETS GC,MO	1	
ONE TOUCH DELICA LANCING DEVICE KIT GC,MO	1	
ONE TOUCH SURESOFT LANCING DEVICES GC,MO	1	
ONE TOUCH ULTRA 2 KIT GC,MO	1	
ONE TOUCH ULTRA SMART KIT GC,MO	1	
ONE TOUCH ULTRA SYSTEM KIT GC,MO	1	
ONE TOUCH ULTRALINK KIT GC,MO	1	
ONE TOUCH ULTRAMINI KIT GC,MO	1	
ONE TOUCH ULTRASOFT LANCETS GC,MO	1	
OPTIUM BLOOD GLUCOSE SYSTEM MO	3	
ORSINI INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
ORSINI INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
ORSINI INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
PARADIGM RESERVOIR 1.8 ML MO	3	
PARADIGM RESERVOIR 3 ML MO	3	
PEN NEEDLE 29 GAUGE GC,MO	1	
PEN NEEDLE 29 X 1/2" GC,MO	1	
PEN NEEDLE 30 X 5/16" GC,MO	1	
PEN NEEDLE 31 X 1/4" GC,MO	1	
PEN NEEDLE 31 X 3/16" GC,MO	1	
PEN NEEDLE 31 X 5/16" GC,MO	1	
PEN NEEDLES 6MM 31G GC,MO	1	
PENLET PLUS BLOOD SAMPLER KIT MO	3	
POCKETCHEM EZ KIT MO	3	
PRECISION 1 ML 29 X 1/2" SYRINGE GC,MO	1	
PRECISION 1/2 ML 30 X 3/8" SYRINGE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRECISION GLUCOSE CONTROL SOLN COMBO PACK MO	3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK MO	3	
PRECISION MISC MO	3	
PRECISION SURE-DOSE 0.3 ML 30 X 3/8" SYRINGE GC,MO	1	
PRECISION SURE-DOSE 1/2 ML 28 X 1/2" SYRINGE GC,MO	1	
PRECISION SURE-DOSE INSULIN 1 ML 28 X 1/2" SYRINGE GC,MO	1	
PRECISION SURE-DOSE INSULIN 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
PRECISION SUREDOS PLUS 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
PRECISION XTRA MONITOR MO	3	
PREFERRED PLUS SYRINGE 0.5 ML GC,MO	1	
PREFERRED PLUS SYRINGE 1 ML GC,MO	1	
PRESTIGE BLOOD GLUCOSE METR MO	3	
PRESTIGE METER MO	3	
PRESTIGE SMART SYS IQ KIT MO	3	
PRESTIGE SMART SYS TEST STP MO	3	
PRESTIGE SMART SYS VALUE PK MO	3	
PRESTIGE SMART SYSTEM METER MO	3	
PRESTIGE STARTER KIT MO	3	
PRESTIGE VALUE PACK MO	3	
PRODIGY AUTOCODE METER KIT GC,MO	1	
PRODIGY CONTROL SOLUTION,HIGH GC,MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
PRODIGY INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
PRODIGY LANCETS MO	3	
PRODIGY PEN NEEDLE 29 X 1/2" GC,MO	1	
PRODIGY PEN NEEDLE 31 X 3/16" GC,MO	1	
PRODIGY PEN NEEDLE 31 X 5/16" GC,MO	1	
PRODIGY POCKET METER KIT GC,MO	1	
PRODIGY TWIST TOP LANCET MO	3	
provise 10 mg/ml intraocular syringe MO	3	
PUB INS SYRIN 0.3 ML 30GX1/2" GC,MO	1	
PUB INS SYRINGE 1 ML 30GX1/2" GC,MO	1	
PUB INSUL SYR 0.5 ML 30GX1/2" GC,MO	1	
PUBLIX LANCET MO	3	
QUICKTEK KIT MO	3	
RELION CONFIRM KIT MO	3	
RELION INS SYR 0.3 ML 29GX1/2" GC,MO	1	
RELION INS SYR 0.3 ML 30GX5/16 GC,MO	1	
RELION INS SYR 1 ML 29GX1/2" GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELION INS SYR 1 ML 30GX5/16" GC,MO	1	
RELION LANCING DEVICE MO	3	
RELION NEEDLES 31 X 1/4" GC,MO	1	
RELION SYR 0.5 ML 30GX5/16" GC,MO	1	
RELION ULTRA THIN PLUS LANCETS MO	3	
RENEW ADVANCED MICRO-LANCETS MO	3	
REUSABLE NEBULIZER KIT MO	3	
SAFE-T-PRO LANCETS MO	3	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" GC,MO	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" GC,MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
SAFETY-LET LANCETS MO	3	
SELECT-LITE LANCING DEVICE MO	3	
SELECT-LITE MISC MO	3	
SENSURA CLICK OSTOMY POUCH MO	3	
SENSURA FLEX OSTOMY BASE PLATE MO	3	
SENSURA FLEX OSTOMY POUCH MO	3	
SENSURA OSTOMY BASE PLATE MO	3	
SINGLE-LET MISC MO	3	
SMARTEST LANCET MO	3	
SOFT TOUCH LANCET DEVICE MO	3	
SOFT TOUCH LANCETS MO	3	
SOLO V2 LANCETS MO	3	
STAT-LET COMFORT THINS LANCETS MO	3	
supartz 10 mg/ml intra-articular syringe SP	3	
SUPER THIN LANCETS MO	3	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" GC,MO	1	
SURE COMFORT LANCETS MO	3	
SURE COMFORT PEN NEEDLE 29 X 1/2" GC,MO	1	
SURE COMFORT PEN NEEDLE 30 X 5/16" GC,MO	1	
SURE COMFORT PEN NEEDLE 31 X 3/16" GC,MO	1	
SURE COMFORT PEN NEEDLE 31 X 5/16" GC,MO	1	
SURE EDGE BLOOD GLUCOSE METER MO	3	
SURE-FINE PEN NEEDLES 29 X 1/2" GC,MO	1	
SURE-FINE PEN NEEDLES 31 X 3/16" GC,MO	1	
SURE-FINE PEN NEEDLES 31 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
SURE-LANCE MISC GC,MO	1	
SURECHEK BLOOD GLUCOSE MONITOR MO	3	
SURESTEP COMPLETE SYSTEM KIT MO	3	
SURESTEP GLUCOSE CONTROL COMBO PACK MO	3	
SURESTEP PRO LINEARITY KIT MO	3	
SURGILANCE SAFETY LANCETS MO	3	
SYNVISC 16MG/2 ML INTRA-ARTICULAR SYRINGE SP	3	
SYNVISC-ONE 48 MG/6 ML INTRA-ARTICULAR SYRINGE SP	3	
TECHLITE AST LANCETS MO	3	
TECHLITE LANCETS MO	3	
TERUMO INS SYRINGE U100-1 ML GC,MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" GC,MO	1	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" GC,MO	1	
TERUMO SURGUARD SYR 28G-1 ML GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TERUMO SURGUARD SYR 28G-1/2 ML GC,MO	1	
TERUMO SURGUARD SYR 29G-0.3 ML GC,MO	1	
TERUMO SURGUARD SYR 29G-1/2 ML GC,MO	1	
TERUMO SURGUARD SYRN 29G-1 ML GC,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" GC,MO	1	
THINSET RESERVOIR 1.8 ML MO	3	
THINSET RESERVOIR 3 ML MO	3	
TOPCARE CLICKFINE 31 X 1/4" NEEDLE GC,MO	1	
TOPCARE CLICKFINE 31 X 5/16" NEEDLE GC,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
TOPCARE UNIVERSAL1 THIN LANCET MO	3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT MO	3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT GC,MO	1	
TRUETEST HIGH GLUCOSE CONTROL SOLN GC,MO	1	
TRUETEST NORMAL GLUCOSE CONTROL SOLN GC,MO	1	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT MO	3	
TRUETRACK SMART SYSTEM KIT MO	3	
TRUZONE PEAK FLOW METER MO	3	
ULTI-LANCE KIT MO	3	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTICARE 1 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTICARE 1.5 ML 22 X 1 1/2" SYRINGE GC,MO	1	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 29 X 1/2" NEEDLE GC,MO	1	
ULTICARE 31 X 1/4" NEEDLE GC,MO	1	
ULTICARE 31 X 5/16" NEEDLE GC,MO	1	
ULTICARE INS SYR 1 ML 28GX1/2" GC,MO	1	
ULTICARE MISC MO	3	
ULTICARE SYRIN 0.5 ML 28GX1/2" GC,MO	1	
ULTICARE U100 0.5 ML 29GX1/2" GC,MO	1	
ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 0.3 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 1 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 1 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTILET CLASSIC LANCETS MO	3	
ULTILET INSULIN SYRINGE 0.3 ML 29 GC,MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
ULTILET LANCETS MO	3	
ULTILET PEN NEEDLE 29 GAUGE GC,MO	1	
ULTIMA MONITOR MO	3	
ULTRA COMFORT INSULIN SYRINGE GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 7/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
ULTRA THIN II LANCETS MO	3	
ULTRA THIN LANCETS MO	3	
ULTRA THIN PLUS LANCETS MO	4	
ULTRA TLC LANCETS MO	3	
ULTRACOMFORT 1 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRACOMFORT 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRACOMFORT 31 X 1/4" NEEDLE GC,MO	1	
ULTRACOMFORT 31 X 5/16" NEEDLE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE GC,MO	1	
UNIFINE PENTIPS 29 X 1/2" NEEDLE GC,MO	1	
UNIFINE PENTIPS 29 X 5/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS 30 X 5/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS 31 NEEDLE GC,MO	1	
UNIFINE PENTIPS 31 X 1/4" NEEDLE GC,MO	1	
UNIFINE PENTIPS 31 X 5/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS 6MM NEEDLES GC,MO	1	
UNILET COMFORTOUCH LANCET MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNILET EXCELITE II LANCET MO	3	
UNILET EXCELITE LANCET MO	3	
UNILET G.P. LANCET MO	3	
UNILET G.P. SUPERLITE LANCET MO	3	
UNILET GP LANCET MO	3	
UNILET LANCET MO	3	
UNILET SUPERLITE LANCET MO	3	
UNISTIK 1 KIT MO	3	
UNISTIK 2 DEVICE KIT MO	3	
UNISTIK 2 EXTRA KIT MO	3	
UNISTIK 2 NORMAL LANCET&DEVICE KIT MO	3	
UNISTIK 2 SUPER KIT MO	3	
UNISTIK 3 COMFORT DEVICE KIT MO	3	
UNISTIK 3 COMFORT LANCET MO	3	
UNISTIK 3 EXTRA LANCET MO	3	
UNISTIK 3 KIT MO	3	
UNISTIK 3 NEONATAL DEVICE KIT MO	3	
UNISTIK 3 NEONATAL KIT MO	3	
UNISTIK 3 NORMAL LANCET MO	3	
UNISTIK CZT LANCET MO	3	
UNISTIK KIT MO	3	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" GC,MO	1	
VIOS AEROSOL DELIVERY SYSTEM MO	3	
VISCOAT 4 %-3 % (40 MG-30 MG/ML) INTRAOCULAR SYRINGE MO	3	
WAVESENSE LANCESTS MO	3	
DIAGNOSTIC AGENTS		
ACCU-CHEK ACTIVE TEST STRIPS GC,MO	1	
ACCU-CHEK AVIVA STRIPS GC,MO	1	
ACCU-CHEK COMFORT CURVE TEST STRIPS GC,MO	1	
ACCU-CHEK COMPACT TEST STRIPS GC,MO	1	
ACCU-CHEK INSTANT PLUS STRIP GC,MO	1	
ACCUTREND GLUCOSE STRIPS MO	3	
ACTHAR H.P. 80 UNIT/ML INJECTION GEL SP	4	PA
ACTHREL 100 MCG IV SOLUTION MO	3	
ACURA TEST STRIPS MO	3	
ADVANCE TEST STRIPS MO	3	
ADVOCATE REDI-CODE STRIPS MO	3	
ADVOCATE TEST STRIPS MO	3	
ASCENSIA AUTODISC TEST STRIPS MO	3	
ASCENSIA ELITE TEST STRIPS MO	3	
ASSURE 3 TEST STRIPS MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASSURE 4 STRIPS MO	3	
ASSURE PLATINUM STRIPS GC,MO	1	
ASSURE PRO TEST STRIPS MO	3	
BIONIME RIGHTEST TEST STRIPS MO	3	
BLOOD GLUCOSE TEST STRIPS MO	3	
BREEZE 2 TEST STRIPS MO	3	
CARESENS N TEST STRIPS MO	3	
CHEMSTRIP UGK STRIPS MO	3	
CLEVER CHEK TEST STRIPS MO	3	
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS MO	3	
CLINSTIX REAGENT STRIPS MO	3	
CLINITEST REAGENT TAB, NON-ORAL MO	3	
CONTOUR TEST STRIPS MO	3	
CONTROL G3 STRIPS MO	3	
CONTROL TEST STRIPS MO	3	
CVS TEST STRIP MO	3	
DIASCREEN 10 STRIPS MO	3	
DIASCREEN 1G REAGENT STRIPS MO	3	
DIASCREEN 2GK REAGENT STRIPS MO	3	
DIASCREEN 3 REAGENT STRIPS MO	3	
DIASCREEN 4OBL REAGENT STRIPS MO	3	
DIASCREEN 5 REAGENT STRIPS MO	3	
DIASCREEN 6 REAGENT STRIPS MO	3	
DIASCREEN 7 REAGENT STRIPS MO	3	
DIASCREEN 8 REAGENT STRIPS MO	3	
DIASCREEN 9 REAGENT STRIPS MO	3	
DIASTIX STRIPS MO	3	
EASY CHECK TEST STRIPS MO	3	
EASY GLUCO G2 STRIPS MO	3	
EASY PRO PLUS TEST STRIPS MO	3	
EASY TALK GLUCOSE TEST STRIPS GC,MO	1	
EASY TRAK GLUCOSE TEST STRIPS GC,MO	1	
EASYGLUCO TEST STRIPS MO	3	
EASymax STRIPS MO	3	
ECLIPSE TEST STRIPS MO	3	
ELEMENT TEST STRIPS MO	3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS MO	3	
enlon 10 mg/ml injection GC,MO	1	
ENVISION TEST STRIPS MO	3	
EVENCARE TEST STRIPS MO	3	
EVOLUTION TEST STRIPS MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EZ SMART PLUS TEST STRIPS MO	3	
EZ SMART TEST STRIPS MO	3	
FASTTAKE TEST STRIPS MO	3	
FIFTY50 TEST STRIP STRIPS MO	3	
FORA D10 STRIPS MO	3	
FORA D15C STRIPS MO	3	
FORA D15G STRIPS MO	3	
FORA D15Z STRIPS MO	3	
FORA D20 STRIPS MO	3	
FORA G20 STRIPS MO	3	
FORA G71A STRIPS GC,MO	1	
FORA V10 STRIPS MO	3	
FORA V12 GLUCOSE STRIPS MO	3	
FORA V20 STRIPS MO	3	
FREESTYLE LITE STRIPS MO	3	
FREESTYLE TEST STRIPS MO	3	
G-4 TEST STRIPS MO	3	
GLUCOCARD 01 SENSOR STRIPS MO	3	
GLUCOCARD VITAL SENSOR STRIPS MO	3	
GLUCOCARD X-SENSOR STRIPS MO	3	
GLUCOCOM GLUCOSE STRIPS MO	3	
GLUCOLAB STRIPS MO	3	
GM100 STRIPS MO	3	
INFINITY TEST STRIPS MO	3	
KETO-DIASTIX STRIPS MO	3	
KEYNOTE STRIPS MO	3	
LIBERTY TEST STRIPS MO	3	
MAXIMA STRIPS MO	3	
MEMBRANEBLUE 0.15 % INTRAOCULAR SYRINGE MO	3	
MICRO BLOOD GLUCOSE STRIPS MO	3	
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS MO	3	
MYGLUCOHEALTH STRIPS MO	3	
NOVA MAX GLUCOSE TEST STRIPS MO	3	
ONE TOUCH TEST STRIPS GC,MO	1	
ONE TOUCH ULTRA TEST STRIPS GC,MO	1	
OPTIUM EZ STRIPS MO	4	
OPTIUM TEST STRIPS MO	3	
PHARMACIST CHOICE GLUCOSE TEST STRIPS MO	3	
POCKETCHEM EZ STRIPS MO	3	
PRECISION PCX PLUS TEST STRIPS MO	3	
PRECISION PCX TEST STRIPS MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRECISION POINT OF CARE TEST STRIPS MO	3	
PRECISION Q-I-D TEST STRIPS MO	3	
PRECISION SOF-TACT TEST STR MO	3	
PRECISION XTRA TEST STRIPS MO	3	
PRESTIGE SMART SYSTEM TEST STRIPS MO	3	
PRODIGY AUTOCODE TEST STRIPS MO	3	
PRODIGY EJECT TEST STRIPS MO	3	
PRODIGY GLUCOSE TEST STRIP MO	3	
PRODIGY NO CODING STRIPS MO	3	
PRODIGY VOICE GLU TEST STRIP MO	3	
PSS TEST STRIP MO	3	
QUICKTEK TEST STRIPS MO	3	
REFUAH PLUS STRIPS MO	3	
RELION ULTIMA STRIPS MO	3	
RIGHTEST GS550 TEST STRIPS MO	3	
SMART CARESENS N TEST STRIPS MO	3	
SMARTEST TEST STRIPS MO	3	
SOF-TACT TEST STRIPS MO	3	
SOLO V2 TEST STRIPS MO	3	
SURE EDGE STRIPS MO	3	
SURE-TEST EASYPLUS MINI STRIPS MO	3	
SURECHEK TEST STRIPS MO	3	
SURESTEP PRO TEST STRIPS MO	3	
SURESTEP TEST STRIPS MO	3	
TRUETEST TEST STRIPS MO	3	
TRUETRACK SMART SYSTEM STRIPS MO	3	
TRUETRACK TEST STRIPS MO	3	
ULTIMA TEST STRIPS MO	3	
ULTRATRAK STRIPS MO	3	
VALUSTRIp TEST STRIPS MO	3	
VICTORY GLUCOSE TEST STRIPS GC,MO	1	
VISIONBLUE 0.06 % INTRAOCULAR SYRINGE MO	3	
WAVENSENSE AMP STRIPS MO	3	
WAVENSENSE JAZZ STRIPS MO	3	
WAVENSENSE PRESTO STRIPS MO	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE)		
glutaraldehyde 25% aq solution GC,MO	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
acetic acid 0.25% irrig soln GC,MO	1	
AH-CHEW II CHEWABLE TABLET MO	3	
AHIST 12 MG TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
allanvan-s suspension MO	3	
amiloride hcl 5 mg tablet GC,MO	2	
amiloride hcl-hctz 5-50 mg tab GC,MO	1	
AMINOACETIC ACID 1.5 % IRRIGATION SOLN MO	3	
AMINOSYN 10 % IV MO	3	B vs D
AMINOSYN 3.5 % IV MO	3	B vs D
AMINOSYN 5% IV SOLUTION MO	3	B vs D
AMINOSYN 7 % IV MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN 8.5 % IV MO	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN II 10 % IV MO	3	B vs D
AMINOSYN II 15% IV MO	3	B vs D
AMINOSYN II 3.5% M-D5W IV MO	3	B vs D
AMINOSYN II 4.25% IN D10W MO	3	B vs D
AMINOSYN II 4.25% M-D10W IV MO	3	B vs D
AMINOSYN II 4.25%-LYTE-CA-DW MO	3	B vs D
AMINOSYN II 5% IN D25W IV MO	3	B vs D
AMINOSYN II 7 % IV MO	3	B vs D
AMINOSYN II 8.5 % IV MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN M 3.5 % IV MO	3	B vs D
AMINOSYN-HBC 7% IV MO	3	B vs D
AMINOSYN-HF 8% IV SOLUTION MO	3	B vs D
AMINOSYN-PF 10 % IV MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) IV MO	3	B vs D
AMINOSYN-RF 5.2 % IV MO	3	B vs D
ammonium chloride 5 meq/ml GC,MO	1	
AMMONUL 10 %-10 % IV MO	4	
arbinox 4 mg tab GC,MO	1	
arbinox 4 mg/5 ml oral liquid GC,MO	1	
AXONA 20 GRAM/40 GRAM ORAL POWDER PACKET MO	3	
BRANCHAMIN 4% IV SOLUTION MO	3	
bromax 11 mg tablet MO	3	
BROVEX 12 MG/5 ML ORAL SUSP MO	3	
BROVEX PB TABLET MO	3	
bumetanide 0.25 mg/ml vial GC,MO	1	
bumetanide 0.5 mg tablet GC,MO	1	
bumetanide 1 mg tablet GC,MO	1	
bumetanide 2 mg tablet GC,MO	1	
BUPHENYL 500 MG TAB MO	4	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUPHENYL ORAL POWDER MO	4	
calcium acetate 667 mg capsule GC,MO	2	
calcium acetate 667 mg tablet GC,MO	1	
calcium chloride 10% syrng GC,MO	1	
calcium chloride 10% vial GC,MO	1	
calcium gluconate 10% vial GC,MO	1	B vs D
CARBAGLU 200 MG TAB SP	4	PA
carbinoxamine 4 mg/5 ml liquid GC,MO	1	
carbinoxamine maleate 4 mg tab GC,MO	1	
cetirizine hcl 1 mg/ml syrup GC,MO	1	QL (300 per 30 days)
chlorothiazide 250 mg tablet GC,MO	1	
chlorothiazide 500 mg tablet GC,MO	1	
chlorothiazide sod 500 mg vial GC,MO	1	
chlorphen-pse drops MO	3	
chlorthalidone 25 mg tablet GC,MO	1	
chlorthalidone 50 mg tablet GC,MO	1	
clemastine 0.67 mg/5 ml syrup GC,MO	1	
clemastine fum 2.68 mg tab GC,MO	1	
CLINIMIX 2.75%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D10 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D20 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D25 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX 5%/D15 SULFITE FREE IV MO	3	B vs D
CLINIMIX 5%/D20 SULFITE FREE IV MO	3	B vs D
CLINIMIX 5%/D25 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 2.75%/D10 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 2.75%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 4.25%/D10 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 4.25%/D25 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 4.25%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 5%/D15 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 5%/D20 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 5%/D25 SULFITE FREE IV MO	3	B vs D
CLINISOL SF 15% IV MO	3	B vs D
constulose 10 gram/15 ml oral soln GC,MO	1	
cpm-pe-msc syrup GC,MO	1	
cpm-pse drops MO	3	
cytra k crystals 3,300 mg-1,002 mg oral packet MO	3	
cytra-3 550 mg-500 mg-334 mg/5 ml oral soln GC,MO	1	
cytra-k 1,100 mg-334 mg/5 ml oral soln GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
d10%-1/2ns soln/excel cont GC,MO	1	
d5%-1/2ns-kcl 10 meq/l iv sol GC,MO	1	
d5%-1/2ns-kcl 30 meq/l iv sol GC,MO	1	
d5%-1/2ns-kcl 40 meq/l iv sol GC,MO	1	
d5%-1/4ns-kcl 10 meq/l iv sol GC,MO	1	
d5%-1/4ns-kcl 30 meq/l iv sol GC,MO	1	
d5%-1/4ns-kcl 40 meq/l iv sol GC,MO	1	
d5w-kcl 30 meq/l iv solution GC,MO	1	
dallergy chewable tablet GC,MO	2	
dallergy pe caplet GC,MO	2	
DALLERGY-JR SUSPENSION MO	3	
DELFLEX-LC/1.5% DEXTROSE CA+ (3.5MEQ/L)&LOW MAG (0.5) MO	3	
DEMADEX 10 MG TAB GB,MO	3	
DEMADEX 100 MG TAB MO	3	
DEMADEX 20 MG TAB MO	3	
DEMADEX 5 MG TAB MO	3	
dex10%-electrolyte-48 soln GC,MO	1	
dextrose 10% ampul GC,MO	1	
dextrose 10%-1/4ns iv soln GC,MO	1	
dextrose 10%-ns iv solution GC,MO	1	
dextrose 10%-water iv solution GC,MO	1	
dextrose 2.5%-1/2ns iv soln GC,MO	1	
dextrose 2.5%-water iv soln GC,MO	1	
dextrose 20%-water iv soln GC,MO	1	
dextrose 25%-water syringe GC,MO	1	
dextrose 30%-water iv soln GC,MO	1	
dextrose 40%-water iv soln GC,MO	1	
dextrose 5%-1/2ns iv solution GC,MO	1	
dextrose 5%-1/3ns iv solution GC,MO	1	
dextrose 5%-1/4ns iv solution GC,MO	1	
dextrose 5%-electrolyte 48 GC,MO	1	
dextrose 5%-lr iv solution GC,MO	1	
dextrose 5%-ns iv solution GC,MO	1	
dextrose 5%-ringers iv soln GC,MO	1	
dextrose 5%-water iv soln GC,MO	1	
dextrose 5%-water vial GC,MO	1	
dextrose 50%-water abboject GC,MO	1	
dextrose 50%-water vial GC,MO	1	
dextrose 70%-water iv soln GC,MO	1	
DIANEAL PD-2/1.5% DEXTROSE CA+ (3.5MEQ/L)&LOW MAG (0.5) MO	3	
DIANEAL PD-2/2.5% DEXTROSE CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIANEAL PD-2/4.25% DEXTROSE CA+ (3.5 MEQ/L)&LOW MAG (0.5) INTRAPERIT. MO	3	
DICEL SUSPENSION MO	3	
DIURIL 250 MG/5 ML ORAL SUSP MO	3	
DIURIL IV 500 MG SOLUTION MO	3	
duradryl syrup MO	3	
DYAZIDE 37.5 MG-25 MG CAP GB,MO	3	
DYRENIUM 100 MG CAP MO	3	
DYRENIUM 50 MG CAP GB,MO	3	
ed chlorped d pediatric drops MO	3	
effer-k 25 meq effervescent tab GC,MO	1	
eliphos 667 mg tab GC,MO	1	
entre-b suspension MO	3	
enulose 10 gram/15 ml oral soln GC,MO	1	
epiklor 20 meq oral packet GC,MO	1	
epiklor 25 meq oral packet GC,MO	1	
EXTRANEAL PERITONEAL DIALYSIS CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	
fexofenadine hcl 180 mg tablet GC,MO	2	QL (30 per 30 days)
fexofenadine hcl 30 mg tablet GC,MO	2	QL (60 per 30 days)
fexofenadine hcl 60 mg tablet GC,MO	2	QL (60 per 30 days)
fexofenadine-pse er 180-240 tb GC,MO	2	QL (30 per 30 days)
fexofenadine-pse er 60-120 tab GC,MO	2	QL (60 per 30 days)
FREAMINE HBC 6.9 % IV MO	3	B vs D
FREAMINE III 10 % IV MO	3	B vs D
FREAMINE III 3 % WITH ELECTROLYTES IV MO	3	B vs D
FREAMINE III 8.5 % IV MO	3	B vs D
furosemide 10 mg/ml solution GC,MO	1	
furosemide 10 mg/ml syringe GC,MO	1	
furosemide 10 mg/ml vial GC,MO	1	
furosemide 20 mg tablet GC,MO	1	
furosemide 40 mg tablet GC,MO	1	
furosemide 40 mg/5 ml soln GC,MO	1	
furosemide 80 mg tablet GC,MO	1	
generlac 10 gram/15 ml oral soln GC,MO	1	
glycine 1.5% irrigation GC,MO	1	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLN MO	3	
HEPATAMINE 8% IV MO	3	B vs D
HEPATASOL 8 % IV MO	3	B vs D
HISTEX SR CAPLET MO	3	
hydrochlorothiazide 12.5 mg cp GC,MO	1	
hydrochlorothiazide 12.5 mg tb GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrochlorothiazide 25 mg tab GC,MO	1	
hydrochlorothiazide 50 mg tab GC,MO	1	
HYPERTHYTE-CR 25 MEQ-20 MEQ-5 MEQ/20 ML IV MO	3	
indapamide 1.25 mg tablet GC,MO	1	
indapamide 2.5 mg tablet GC,MO	1	
INPERSOL WITH 1.5% DEXTROSE MO	3	
inpersol with 4.25% dextrose MO	3	
INTRALIPID 20 % IV MO	3	B vs D
INTRALIPID 30 % IV MO	3	B vs D
IONOSOL-B IN D5W IV MO	3	
IONOSOL-MB IN D5W IV MO	3	
ISOLYTE-H IN D5W IV MO	3	
ISOLYTE-M IN D5W IV MO	3	
ISOLYTE-P IN D5W IV MO	3	
ISOLYTE-S IN D5W IV MO	3	
ISOLYTE-S IV MO	3	
ISOLYTE-S PH 7.4 IV MO	3	
k-effervescent 25 meq tab GC,MO	1	
K-PHOS MF 155 MG-350 MG TAB MO	3	
K-PHOS NO 2 305 MG-700 MG TAB MO	3	
K-PHOS ORIGINAL 500 MG SOLUBLE TAB MO	3	
K-PHOS-NEUTRAL 250 MG TAB MO	3	
k-prime 25 meq tablet eff GC,MO	1	
K-TAB 10 MEQ MO	3	
kalexate oral powder MO	3	
KAON-CL ER 10 MEQ TABLET GC,MO	1	
KAYEXALATE ORAL POWDER MO	3	
kcl 10 meq in d5w-1/3 ns GC,MO	1	
kcl 20 meq in d5w solution GC,MO	1	
kcl 20 meq in d5w-1/2 ns GC,MO	1	
kcl 20 meq in d5w-1/4 ns GC,MO	1	
kcl 20 meq in d5w-lact ringer GC,MO	1	
kcl 20 meq in d5w-ns GC,MO	1	
kcl 20 meq-ns 1,000 ml iv soln GC,MO	1	
kcl 40 meq in d5w solution GC,MO	1	
kcl 40 meq in d5w-lact ringer GC,MO	1	
kcl 40 meq in d5w-nacl 0.9% GC,MO	1	
kcl 40 meq-ns 1,000 ml iv soln GC,MO	1	
kionex 15 g/60 ml oral susp GC,MO	2	
kionex oral powder GC,MO	2	
KLOR-CON 10 10 MEQ TAB GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
klor-con 20 meq oral packet GC,MO	1	
KLOR-CON 25 MEQ ORAL PACKET GC,MO	1	
KLOR-CON 8 MEQ TAB GC,GB,MO	1	
klor-con m10 10 meq tab GC,MO	1	
klor-con m15 15 meq tab GC,MO	1	
klor-con m20 20 meq tab GC,MO	1	
klor-con/ef 25 meq effervescent tab GC,MO	1	
KRISTALOSE 10 GRAM ORAL PACKET MO	3	
KRISTALOSE 20 GRAM ORAL PACKET MO	3	
l-cysteine 50 mg/ml vial GC,MO	1	
lactated ringers injection GC,MO	1	
lactated ringers irrigation GC,MO	1	
lactulose 10 gm/15 ml solution GC,MO	1	
LASIX 20 MG TAB MO	3	
LASIX 40 MG TAB GB,MO	3	
LASIX 80 MG TAB GB,MO	3	
levocetirizine 5 mg tablet GC,MO	2	QL (30 per 30 days)
LIPOSYN II 10 % IV MO	3	B vs D
LIPOSYN II 20 % IV MO	3	B vs D
LIPOSYN III 10 % IV MO	3	B vs D
LIPOSYN III 20 % IV MO	3	B vs D
LIPOSYN III 30 % IV MO	3	B vs D
MAGNEBIND 400 400 MG-200 MG-1 MG TAB MO	3	
mannitol 10% iv solution GC,MO	1	
mannitol 15% iv solution GC,MO	1	
mannitol 20% iv solution GC,MO	1	
mannitol 25% vial GC,MO	1	
mannitol 5% iv solution GC,MO	1	
MAXZIDE 75 MG-50 MG TAB GB,MO	3	
MAXZIDE-25MG 37.5 MG-25 MG TAB MO	3	
methyclothiazide 5 mg tablet GC,MO	1	
metolazone 10 mg tablet GC,MO	1	
metolazone 2.5 mg tablet GC,MO	1	
metolazone 5 mg tablet GC,MO	1	
MICRO-K 10 MEQ CAP MO	3	
MICRO-K 8 MEQ CAP MO	3	
MICROZIDE 12.5 MG CAP MO	3	
MIDAMOR 5 MG TAB MO	3	
myci chlor-tan 8 mg caplet GC,MO	1	
nalex a 12 suspension MO	3	
NEPHRAMINE 5.4 % IV MO	3	B vs D

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEUT 4 % IV MO	3	
NOREL SR TABLET MO	3	
NORMOSOL-M IN D5W IV MO	3	
NORMOSOL-R IN D5W IV MO	3	
NORMOSOL-R IV MO	3	
NORMOSOL-R PH 7.4 IV MO	3	
NUTRILYTE 25 MEQ-40.6 MEQ-5 MEQ/20 ML IV MO	3	
nutrilyte ii 35 meq-20 meq-5 meq/20 ml iv MO	3	
ny-tannic tablet GC,MO	1	
ORACIT 490 MG-640 MG/5 ML ORAL SOLN MO	3	
OSMITROL 10 % IV MO	3	
OSMITROL 15 % IV MO	3	
OSMITROL 20 % IV MO	3	
OSMITROL 5 % IV MO	3	
palgic 4 mg tab GC,MO	1	
palgic 4 mg/5 ml oral liquid GC,MO	1	
pe-cpm-msn liquid GC,MO	1	
phenadox 12.5 mg rectal suppository GC,MO	1	
phenadox 25 mg rectal suppository GC,MO	1	
PHENERGAN 25 MG/ML INJECTION MO	3	PA
PHENERGAN 50 MG/ML INJECTION MO	3	PA
PHOSLO 667 MG CAP GC,MO	2	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLN MO	3	
phospha 250 neutral 250 mg tab GC,MO	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLN GC,MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLN GC,MO	1	
PLASMA-LYTE 148 IV MO	3	
PLASMA-LYTE A IV MO	3	
PLASMA-LYTE-56 IN D5W IV MO	3	
potassium 25 meq tablet eff GC,MO	1	
potassium acet 2 meq/ml vial GC,MO	1	
potassium acet 4 meq/ml vial GC,MO	1	
potassium cit-citric acid sln GC,MO	1	
potassium citrate er 10 meq tb GC,MO	2	
potassium citrate er 5 meq tab GC,MO	2	
potassium cl 10 meq/100 ml sol GC,MO	1	
potassium cl 10 meq/50 ml sol GC,MO	1	
potassium cl 10% (20 meq/15 ml GC,MO	1	
potassium cl 2 meq/ml syrng GC,MO	1	
potassium cl 2 meq/ml vial GC,MO	1	
potassium cl 20 meq-0.45% nacl GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl 20 meq/100 ml sol GC,MO	1	
potassium cl 20 meq/50 ml sol GC,MO	1	
potassium cl 20% (40 meq/15 ml GC,MO	1	
potassium cl 25 meq tab eff GC,MO	1	
potassium cl 30 meq/100 ml sol GC,MO	1	
potassium cl 40 meq/100 ml sol GC,MO	1	
potassium cl er 10 meq capsule GC,MO	1	
potassium cl er 10 meq tablet GC,MO	1	
potassium cl er 20 meq tablet GC,MO	1	
potassium cl er 8 meq capsule GC,MO	1	
potassium cl er 8 meq tablet GC,MO	1	
potassium ph 3mm/ml vial GC,MO	1	
PREMASOL 10 % IV GC,MO	1	B vs D
PREMASOL 6 % IV GC,MO	1	B vs D
PRISMASOL BGK CA (2.5 MEQ/L)-MG(1.5MEQ/L) MO	3	
PRISMASOL BGK K (2 MEQ/L)-CA (3.5)-MG (1) MO	3	
PRISMASOL BGK K (2 MEQ/L)-MG(1MEQ/L) MO	3	
PRISMASOL BGK K (4 MEQ/L)-CA (2.5)-MG (1.5) MO	3	
probenecid 500 mg tablet GC,MO	1	
probenecid-colchicine tabs GC,MO	1	
PROCALAMINE 3% IV MO	3	B vs D
promethegan 12.5 mg rectal suppository GC,MO	1	
promethegan 25 mg rectal suppository GC,MO	1	
promethegan 50 mg rectal suppository GC,MO	1	
PROSOL 20% IV MO	3	B vs D
PROTID ER 8 MG-40 MG-500 MG TAB MO	3	
PYRIL D 5 MG-16 MG/5 ML ORAL SUSP MO	3	
pyril-chlor-phen tablet MO	3	
r-tanna tablet MO	3	
RADIOGARDASE 0.5 G CAPSULE MO	3	
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLN MO	3	
RENAMIN 6.5% IV SOLUTION MO	3	B vs D
RENEVELA 0.8 GRAM ORAL PWPK GC,MO	2	QL (540 per 30 days)
RENEVELA 2.4 GRAM ORAL PWPK GC,MO	2	QL (180 per 30 days)
RENEVELA 800 MG TAB GC,MO	2	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL MO	3	
RESPA-AR 8 MG-90 MG-0.24 MG 12 HR TAB MO	3	
ringer's iv solution GC,MO	1	
ringers irrigation solution GC,MO	1	
ru-tuss tablet MO	3	
RYNATAN PEDIATRIC CHEWABLE TAB MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYNATAN TABLET MO	3	
saline 0.45% soln-excel con GC,MO	1	B vs D
SAMSCA 15 MG TAB SP	4	QL (60 per 30 days)
SAMSCA 30 MG TAB SP	4	QL (60 per 30 days)
SEMPREX-D 8 MG-60 MG CAP MO	3	
sinuhist tablet MO	3	
sod polystyren sulf 15 g/60 ml GC,MO	2	
sodium acetate 2 meq/ml vial GC,MO	1	
sodium acetate 4 meq/ml vial GC,MO	1	
sodium bicarb 4.2% abbjct GC,MO	1	
sodium bicarb 4.2% vial GC,MO	1	
sodium bicarb 7.5% abboject GC,MO	1	
sodium bicarb 7.5% vial GC,MO	1	
sodium bicarb 8.4% abboject GC,MO	1	
sodium bicarb 8.4% vial GC,MO	1	
sodium chloride 0.45% irrig GC,MO	1	B vs D
sodium chloride 0.45% soln GC,MO	1	B vs D
sodium chloride 0.9% irrig. GC,MO	1	
sodium chloride 0.9% soln. GC,MO	1	B vs D
sodium chloride 0.9% solution GC,MO	1	B vs D
sodium chloride 3% iv soln GC,MO	1	B vs D
sodium chloride 4 meq/ml vl GC,MO	1	B vs D
sodium chloride 5% iv soln GC,MO	1	B vs D
sodium cl 2.5 meq/ml vial GC,MO	1	B vs D
SODIUM EDECIN 50 MG IV SOLUTION MO	3	
sodium lactate 1/6molar inj GC,MO	1	
sodium lactate 5 meq/ml vial GC,MO	1	
sodium phosphate 3mm/ml vial GC,MO	1	
sodium polystyrene sulf pwd GC,MO	2	
sorbitol-mannitol irrig GC,MO	1	
SPS 15 G/60 ML ORAL SUSP MO	3	
SPS 30 GRAM/120 ML ENEMA MO	3	
sterile water for irrigation GC,MO	1	
SUDAL 12 TANNATE CHEWABLE TAB MO	3	
TANABID DA SUSPENSION MO	3	
tanahist d drops MO	3	
taron-crystals 3,300 mg-1,002 mg oral packet GC,MO	1	
THALITONE 15 MG TAB MO	3	
THAM 36 MG/ML (0.3 M) IV MO	3	
torsemide 10 mg tablet GC,MO	1	
torsemide 100 mg tablet GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
torsemide 20 mg tablet GC,MO	1	
torsemide 20 mg/2 ml vial GC,MO	1	
torsemide 5 mg tablet GC,MO	1	
torsemide 50 mg/5 ml vial GC,MO	1	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML IV MO	3	
TPN ELECTROLYTES II 18 MEQ-18 MEQ-5 MEQ/20 ML IV MO	3	
TRAVASOL 10 % IV MO	3	B vs D
triamterene-hctz 37.5-25 mg cp GC,MO	1	
triamterene-hctz 37.5-25 mg tb GC,MO	1	
triamterene-hctz 50-25 mg cap GC,MO	1	
triamterene-hctz 75-50 mg tab GC,MO	1	
tricitrates 550 mg-500 mg-334 mg/5 ml oral soln GC,MO	1	
tricitrates oral solution GC,MO	1	
trigofen drops MO	3	
trital sr tablet MO	3	
TROPHAMINE 10 % IV MO	3	B vs D
TROPHAMINE 6% IV MO	3	B vs D
ULTRABAG/DIANEAL PD-2/1.5% DEX CA+ (3.5MEQ/L)&LOW MAG (0.5) MO	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	
ULTRABAG/DIANEAL PD-2/4.25%DEX CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	
vaso dose pack tablet MO	3	
vis-phos n 250 mg tablet GC,MO	1	
VOLUVEN 6 % IV MO	3	
XYZAL 2.5 MG/5 ML ORAL SOLN MO	3	QL (300 per 30 days)
XYZAL 5 MG TAB MO	3	QL (30 per 30 days)
ZAROXOLYN 2.5 MG TAB MO	3	
ZAROXOLYN 5 MG TAB GB,MO	3	
ENZYMES		
ADAGEN 250 UNIT/ML IM SP	4	
ALDURAZYME 2.9 MG/5 ML IV SP	4	
AMPHADASE 150 UNITS/ML VIAL MO	3	
CEREDASE 80 UNIT/ML IV SP	4	PA
CEREZYME 200 UNIT IV SOLUTION SP	4	PA
CEREZYME 400 UNIT IV SOLUTION SP	4	PA
ELAPRASE 6 MG/3 ML IV SP	4	PA
ELITEK 1.5 MG IV SOLUTION MO	4	
ELITEK 7.5 MG IV SOLUTION MO	4	
FABRAZYME 35 MG IV SOLUTION SP	4	PA
FABRAZYME 5 MG IV SOLUTION SP	4	PA

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYLENEX 150 UNIT/ML INJECTION MO	3	
LUMIZYME 50 MG IV SOLUTION SP	4	PA
MYOZYME 50 MG IV SOLUTION SP	4	PA
NAGLAZYME 5 MG/5 ML IV SP	4	
PULMOZYME 1 MG/ML SOLN FOR INHALATION SP	4	B vs D,QL (150 per 30 days)
VITRASE 200 UNIT/ML INJECTION MO	3	
VPRIV 400 UNIT SOLUTION SP	4	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetasol hc 1 %-2 % ear drops GC,MO	2	
acetazolamide 125 mg tablet GC,MO	1	
acetazolamide 250 mg tablet GC,MO	1	
acetazolamide er 500 mg cap GC,MO	1	
acetazolamide sod 500 mg vial GC,MO	1	
acetic acid 2% ear solution GC,MO	1	
acetic acid-aluminum drops GC,MO	1	
ACULAR 0.5 % EYE DROPS MO	3	
ACULAR LS 0.4 % EYE DROPS MO	3	
ACUVAIL 0.45 % EYE DROPPERETTE MO	3	
ak-con 0.1 % eye drops GC,MO	1	
AK-DILATE 10 % EYE DROPS MO	3	
AK-DILATE 2.5 % EYE DROPS MO	3	
AK-PENTOLATE 1 % EYE DROPS MO	3	
ak-poly-bac 500 unit-10,000 unit/g eye ointment GC,MO	1	
ak-tob 0.3 % eye drops GC,MO	1	
akorn balanced salt intraocular GC,MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	3	
ALCAINE 0.5 % EYE DROPS GC,MO	1	
allersol 0.1% eye drops GC,MO	1	
ALOMIDE 0.1 % EYE DROPS GB,MO	3	
ALPHAGAN P 0.1 % EYE DROPS GC,MO	2	
ALPHAGAN P 0.15 % EYE DROPS GC,MO	2	
ALREX 0.2 % EYE DROPS MO	3	
altafluor 0.25 %-0.4 % eye drops GC,MO	1	
altafrin 10 % eye drops GC,MO	1	
altafrin 2.5 % eye drops GC,MO	1	
antipyrine-benzocaine ear drop GC,MO	1	
APHTHASOL 5% PASTE MO	3	
apraclonidine hcl 0.5% drops GC,MO	1	
ASTELIN 137 MCG NASAL SPRAY AEROSOL MO	3	PA,QL (60 per 30 days)
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY GC,MO	2	QL (30 per 30 days)
ASTEPRO 137 MCG NASAL SPRAY GC,MO	2	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atropine 1% eye drops GC,MO	1	
atropine 1% eye ointment GC,MO	1	
ATROPINE-CARE 1 % EYE DROPS GC,MO	1	
ATROVENT 0.03 % NASAL SPRAY MO	3	QL (30 per 30 days)
ATROVENT 0.06 % NASAL SPRAY MO	3	QL (45 per 30 days)
aurodex 5.4 %-1.4 % ear drops GC,MO	1	
auroguard 5.4 %-1.4 % ear drops GC,MO	1	
AZASITE 1 % EYE DROPS GC,MO	2	
azelastine hcl 0.05% drops MO	3	
AZOPT 1 % EYE DROPS GC,MO	2	
bacitracin 500 unit/gm ointmnt GC,MO	1	
bacitracin-polymyxin eye oint GC,MO	1	
BACTROBAN NASAL 2 % OINTMENT MO	3	
balanced salt intraocular GC,MO	1	
benzotic ear drops GC,MO	1	
BESIVANCE 0.6 % EYE DROPS GC,MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLN MO	3	
BETAGAN 0.25% EYE DROPS MO	3	
BETAGAN 0.5 % EYE DROPS GB,MO	3	
betaxolol hcl 0.5% eye drop GC,MO	2	
BETIMOL 0.25 % EYE DROPS GB,MO	3	
BETIMOL 0.5 % EYE DROPS MO	3	
BLEPH-10 10 % EYE DROPS MO	3	
BLEPHAMIDE 10 %-0.2 % EYE DROPS MO	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT GC,MO	1	
borofair 2 % ear drops GC,MO	1	
brimonidine 0.2% eye drop GC,MO	2	
brimonidine tartrate 0.15% drp GC,MO	2	
BSS INTRAOCULAR MO	3	
BSS PLUS INTRAOCULAR MO	3	
carteolol hcl 1% eye drops GC,MO	1	
CELLUGEL 2 % INTRAOCULAR SYRINGE MO	3	
chlorhexidine 0.12% rinse GC,MO	1	
chloroxylenol-pramoxine hcl GC,MO	1	
CILOXAN 0.3 % EYE DROPS MO	3	
CILOXAN 0.3 % EYE OINTMENT MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS, SUSP MO	3	
ciprofloxacin 0.3% eye drop GC,MO	1	
cocaine 10% solution GC,MO	1	
cocaine 4% solution GC,MO	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP GB,MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMBIGAN 0.2 %-0.5 % EYE DROPS GC,MO	2	
CORTISPORIN 3.5 MG-10,000 UNIT/ML-1 % EAR SOLN MO	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP GB,MO	3	
cortomycin ear solution GC,MO	1	
cortomycin ear suspension GC,MO	1	
cortomycin eye ointment GC,MO	1	
CRESYLADE 25 % EAR DROPS MO	3	
CYCLOGYL 0.5 % EYE DROPS MO	3	
CYCLOGYL 1 % EYE DROPS MO	3	
CYCLOGYL 2 % EYE DROPS MO	3	
CYCLOMYDRIL 0.2 %-1 % EYE DROPS MO	3	
cyclopentolate 1% eye drops GC,MO	1	
cylate 1% eye drops GC,MO	1	
dexamethasone 0.1% eye drop GC,MO	1	
dexasol 0.1 % eye drops GC,MO	1	
diclofenac 0.1% eye drops GC,MO	1	
dorzolamide hcl 2% eye drops GC,MO	2	QL (10 per 30 days)
dorzolamide-timolol eye drops GC,MO	2	QL (10 per 30 days)
doxycycline hydiate 20 mg tab GC,MO	1	
DUREZOL 0.05 % EYE DROPS MO	3	
ELESTAT 0.05 % EYE DROPS MO	3	
EMADINE 0.05 % EYE DROPS MO	3	
epinastine hcl 0.05% eye drops MO	3	
erythromycin eye ointment GC,MO	1	
FLAREX 0.1 % EYE DROPS GB,MO	3	
FLONASE 50 MCG/ACTUATION NASAL SPRAY MO	3	QL (16 per 30 days)
flunisolide 0.025% spray GC,MO	2	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr GC,MO	2	QL (50 per 30 days)
fluorescein-benoxinate eye drp GC,MO	1	
fluorescein-proparacaine drops GC,MO	1	
fluorometholone 0.1% drops GC,MO	1	
flurate 0.25 %-0.4 % eye drops GC,MO	1	
flurbiprofen 0.03% eye drop GC,MO	1	
FLURESS 0.25 %-0.4 % EYE DROPS MO	3	
flurox 0.25 %-0.4 % eye drops GC,MO	1	
fluticasone prop 50 mcg spray GC,MO	1	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS MO	3	
FML LIQUIFILM 0.1 % EYE DROPS GB,MO	3	
FML S.O.P. 0.1 % EYE OINTMENT GB,MO	3	
FRESHKOTE 2 %-0.9 %-1.8 % EYE DROPS MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GARAMYCIN 0.3 % (3 MG/G) EYE OINTMENT GC,MO	2	
GARAMYCIN 0.3 % EYE DROPS GC,MO	2	
gentak 0.3 % (3 mg/g) eye ointment MO	3	
gentak 3 mg/ml eye drops MO	3	
gentamicin 3 mg/gm eye oint GC,MO	1	
gentamicin 3 mg/ml eye drops GC,MO	1	
gentasol 3 mg/ml eye drops GC,MO	1	
homatropaire 5 % eye drops GC,MO	1	
homatropine hbr 5% eye drop MO	3	
hydrocortison-acetic acid soln GC,MO	2	
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT GC,MO	2	
INTROL 75% SOLUTION MO	3	
IOPIDINE 0.5 % EYE DROPS MO	3	
IOPIDINE 1 % EYE DROPPERETTE MO	3	
ipratropium 0.03% spray GC,MO	1	QL (30 per 30 days)
ipratropium 0.06% spray GC,MO	1	QL (45 per 30 days)
IQUIX 1.5 % EYE DROPS GB,MO	3	
ISOPTO ATROPINE 1 % EYE DROPS MO	3	
ISOPTO CARPINE 1 % EYE DROPS MO	3	
ISOPTO CARPINE 2 % EYE DROPS MO	3	
ISOPTO CARPINE 4 % EYE DROPS MO	3	
ISOPTO HOMATROPINE 2 % EYE DROPS MO	3	
ISOPTO HOMATROPINE 5 % EYE DROPS MO	3	
ISOPTO HYOSCINE 0.25 % EYE DROPS MO	3	
ISTALOL 0.5 % EYE DROPS MO	3	
ketorolac 0.4% ophth solution GC,MO	1	
ketorolac 0.5% ophth solution GC,MO	1	
LACRISERT 5 MG EYE INSERTS MO	3	
latanoprost 0.005% eye drops GC,MO	1	QL (3 per 25 days)
levobunolol 0.25% eye drops GC,MO	1	
levobunolol 0.5% eye drops GC,MO	1	
levofloxacin 0.5% eye drops GC,MO	2	
lidocaine 2% viscous soln GC,MO	1	
lidocaine hcl 2% jelly GC,MO	1	
lidocaine hcl 4% solution GC,MO	1	
lidocaine viscous 2 % mucosal soln GC,MO	1	
LOTEMAX 0.5 % EYE DROPS MO	3	
LOTEMAX 0.5 % EYE OINTMENT MO	3	
LUMIGAN 0.01 % EYE DROPS GC,MO	2	QL (3 per 25 days)
LUMIGAN 0.03 % EYE DROPS GC,MO	2	QL (3 per 25 days)
MAXIDEX 0.1 % EYE DROPS GB,MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXITROL 3.5 MG-10,000 UNIT/G-0.1 % EYE OINTMENT MO	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS MO	3	
methadex eye drops GC,MO	1	
methazolamide 25 mg tablet GC,MO	1	
methazolamide 50 mg tablet GC,MO	1	
metipranolol 0.3% eye drops GC,MO	1	
MIOCHOL-E 1:100 (20 MG/2 ML) INTRAOCULAR KIT MO	3	
MIOSTAT 0.01 % INTRAOCULAR MO	3	
MOXEZA 0.5 % EYE DROPS MO	3	
MUROCOLL-2 EYE DROPS MO	3	
MYDFRIN 2.5 % EYE DROPS MO	3	
mydral 0.5% eye drops GC,MO	1	
mydral 1% eye drops GC,MO	1	
MYDRIACYL 1 % EYE DROPS GC,MO	1	
NASONEX 50 MCG/ACTUATION SPRAY GC,MO	2	QL (34 per 30 days)
NATACYN 5 % EYE DROPS MO	3	
neo-bacit-poly-hc eye ointment GC,MO	1	
neo-polycin 3.5 mg-400 unit- 10,000 unit/g eye ointment GC,MO	1	
NEOCIDIN EYE DROPS MO	3	
neofrin 10 % eye drops GC,MO	1	
neofrin 2.5 % eye drops GC,MO	1	
neomyc-bacit-polymix eye ointm GC,MO	1	
neomyc-polym-dexamet eye ointm GC,MO	1	
neomyc-polym-dexameth eye drop GC,MO	1	
neomyc-polym-gramicid eye drop GC,MO	1	
neomycin-poly-hc eye drops GC,MO	1	
neomycin-polymixin-hc ear susp GC,MO	1	
neomycin-polymyxin-hc ear soln GC,MO	1	
neosporin 1.75 mg- 10k unit-0.025 mg/ml eye drops GC,MO	1	
NEVANAC 0.1 % EYE DROPS MO	3	
ocucoat 2 % intraocular syringe MO	3	
OCUFEN 0.03 % EYE DROPS MO	3	
OCUFLOX 0.3 % EYE DROPS GB,MO	3	
ofloxacin 0.3% ear drops GC,MO	1	
ofloxacin 0.3% eye drops GC,MO	1	
OMNARIS 50 MCG NASAL SPRAY MO	3	QL (13 per 30 days)
OPTIPRANOLOL 0.3 % EYE DROPS MO	3	
ORASEP 600 MG-30 MG-30MG-300MG/30 ML MUCOSAL SOLN MO	3	
ORASEP MUCOSAL SPRAY MO	3	
otic edge otic solution GC,MO	1	
otycin 0.1 %-1 % ear drops GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
otogesic ear drops GC,MO	1	
parcaine 0.5 % eye drops GC,MO	1	
PAREMYD 1 %-0.25 % EYE DROPS MO	3	
PATADAY 0.2 % EYE DROPS GC,MO	2	
PATANASE 0.6 % NASAL SPRAY MO	3	QL (31 per 30 days)
PATANOL 0.1 % EYE DROPS MO	3	
periogard 0.12 % mouthwash GC,MO	1	
PERIOSTAT 20 MG TAB MO	3	
PERISOL 0.12% ORAL RINSE MO	3	
phenylephrine 10% eye drops GC,MO	1	
phenylephrine 2.5% eye drop GC,MO	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	3	
pilocarpine 1% eye drops MO	3	
pilocarpine 2% eye drops MO	3	
pilocarpine 4% eye drops MO	3	
pilocarpine 6% eye drops MO	3	
PILOPINE HS 4 % EYE GEL MO	3	
pinnacaine 20 % ear drops MO	3	
poly-dex eye drops GC,MO	1	
poly-dex eye ointment GC,MO	1	
POLY-PRED EYE DROPS MO	3	
polycin-b eye ointment GC,MO	1	
polymyxin b-tmp eye drops GC,MO	1	
POLYTRIM 0.1 %-10,000 UNIT/ML EYE DROPS GC,MO	1	
PR OTIC SOLUTION 5.4 %-1.4 % EAR DROPS MO	3	
PRAMOTIC 0.1 %-1 % EAR DROPS MO	3	
PRED FORTE 1 % EYE DROPS MO	3	
PRED MILD 0.12 % EYE DROPS MO	3	
PRED-G 0.3 %-1 % EYE DROPS MO	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	3	
prednisol 1% eye drops GC,MO	1	
prednisolone ac 1% eye drop GC,MO	1	
prednisolone sod 1% eye drop GC,MO	1	
proparacaine 0.5% eye drops GC,MO	1	
QUIXIN 0.5 % EYE DROPS MO	3	
re benzotic 20% otic drops MO	3	
RESTASIS 0.05 % EYE DROPPERETTE GC,MO	2	
romycin 5 mg/gram (0.5 %) eye ointment GC,MO	1	
sulf-pred 10-0.23% eye drops GC,MO	1	
sulfac 10% eye drops GC,MO	1	
sulfacetamide 10% eye drops GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfamide 10 % eye drops GC,MO	1	
TERRAMYCIN WITH POLYMYXIN B 5 MG-10,000 UNIT/GRAM EYE OINTMENT MO	3	
tetcaine 0.5 % eye drops GC,MO	1	
tetracaine 0.5% eye drops GC,MO	1	
tetracaine hcl 0.5% eye soln GC,MO	1	
TETRAVISC 0.5 % VISCOUS EYE DROPPERETTE MO	3	
TETRAVISC 0.5 % VISCOUS EYE DROPS MO	3	
TETRAVISC FORTE 0.5 % DROPPERETTE, HYPERVISCOUS MO	3	
TETRAVISC FORTE 0.5 % DROPS, HYPERVISCOUS MO	3	
timolol 0.25% eye drops GC,MO	2	
timolol 0.25% gfs gel-solution GC,MO	2	
timolol 0.5% eye drops GC,MO	2	
timolol 0.5% gfs gel-solution GC,MO	2	
TIMOPTIC 0.25 % EYE DROPS MO	3	
TIMOPTIC 0.5 % EYE DROPS MO	3	
TIMOPTIC OCUDOSE 0.25 % EYE DROPPERETTE MO	3	
TIMOPTIC OCUDOSE 0.5 % EYE DROPPERETTE MO	3	
TIMOPTIC-XE 0.25 % EYE GEL MO	3	
TIMOPTIC-XE 0.5 % EYE GEL MO	3	
TOBRADEX 0.3 %-0.1 % EYE DROPS MO	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS MO	3	
tobramycin 0.3% eye drops GC,MO	1	
tobramycin-dexameth ophth susp GC,MO	2	
tobrasol 0.3 % eye drops GC,MO	1	
TOBREX 0.3 % EYE DROPS MO	3	
TOBREX 0.3 % EYE OINTMENT MO	3	
TRAVATAN Z 0.004 % EYE DROPS GC,MO	2	QL (3 per 25 days)
treagan otic 5.4 %-1.4 % ear drops GC,MO	1	
trifluridine 1% eye drops GC,MO	2	
tropicacyl 0.5 % eye drops GC,MO	1	
tropicacyl 1 % eye drops GC,MO	1	
tropicamide 0.5% eye drops GC,MO	1	
tropicamide 1% eye drops GC,MO	1	
TYZINE 0.05 % NASAL DROPS MO	3	
TYZINE 0.1 % NASAL DROPS GC,MO	2	
TYZINE 0.1 % NASAL SPRAY GC,MO	2	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY GC,MO	2	QL (10 per 30 days)
VEXOL 1 % EYE DROPS GB,MO	3	
VIGAMOX 0.5 % EYE DROPS MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIROPTIC 1 % EYE DROPS GB,MO	3	
XYLOCAINE 4 % MUCOSAL SOLN MO	3	
XYLOCAINE JELLY 2 % MUCOSAL GEL MO	3	
ZINOTIC ES (WITH GLYCERIN) 0.1 %-1 %-1 %-1 % EAR DROPS MO	3	
ZIRGAN 0.15 % EYE GEL MO	3	QL (5 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS MO	3	
ZYMAR 0.3% EYE DROPS MO	3	
ZYMAXID 0.5 % EYE DROPS MO	3	QL (3 per 25 days)
GASTROINTESTINAL DRUGS		
AMITIZA 24 MCG CAP GC,MO	2	
AMITIZA 8 MCG CAP GC,MO	2	
ANTIVERT 12.5 MG TAB MO	3	
ANTIVERT 25 MG TAB GB,MO	3	
ANTIVERT 50 MG TAB GB,MO	3	
APRISO 0.375 GRAM 24 HR CAP GC,MO	2	QL (120 per 30 days)
ASACOL 400 MG TAB MO	3	QL (360 per 30 days)
ASACOL HD 800 MG TAB MO	3	QL (180 per 30 days)
balsalazide disodium 750 mg cp GC,MO	2	
CANASA 1,000 MG RECTAL SUPPOSITORY GC,MO	2	QL (30 per 30 days)
CARAFATE 1 GRAM TAB MO	3	
CARAFATE 100 MG/ML ORAL SUSP MO	3	
CHENODAL 250 MG TAB SP	3	
cimetidine 150 mg/ml vial GC,MO	1	
cimetidine 200 mg tablet GC,MO	1	
cimetidine 300 mg tablet GC,MO	1	
cimetidine 300 mg/5 ml soln GC,MO	1	
cimetidine 400 mg tablet GC,MO	1	
cimetidine 800 mg tablet GC,MO	1	
COLYTE WITH FLAVOR PACKS 227.1 GRAM-21.5 GRAM-6.36GRAM ORAL SOLUTION MO	3	
COLYTE WITH FLAVOR PACKS 240 G-22.72 G-6.72 G-5.84 G ORAL SOLUTION MO	3	
compro 25 mg rectal suppository GC,MO	1	
CREON 12,000-38,000-60,000 UNIT CAP GC,MO	2	
CREON 24,000-76,000-120,000 UNIT CAP GC,MO	2	
CREON 3,000-9,500-15,000 UNIT CAP GC,MO	2	
CREON 6,000-19,000-30,000 UNIT CAP GC,MO	2	
CYTOTEC 100 MCG TAB MO	3	
CYTOTEC 200 MCG TAB MO	3	
DEXILANT 30 MG CAPSULE MO	3	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE MO	3	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dimenhydrinate 50 mg/ml vial GC,MO	1	
diphenoxylate-atropine liq GC,MO	1	PA
diphenoxylate-atropine tablet GC,MO	1	PA
dronabinol 10 mg capsule GC,MO	2	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule GC,MO	2	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule GC,MO	2	B vs D,QL (120 per 30 days)
dygase capsule GC,MO	1	
EMEND 115 MG IV SOLUTION MO	3	PA,QL (2 per 28 days)
EMEND 125 MG (1)-80 MG (1)-80 MG(1) CAPS IN DOSE PACK MO	3	B vs D,QL (6 per 28 days)
EMEND 125 MG CAP MO	3	B vs D,QL (2 per 28 days)
EMEND 150 MG IV SOLUTION SP	3	PA,QL (2 per 28 days)
EMEND 40 MG CAP MO	3	B vs D,QL (2 per 28 days)
EMEND 80 MG CAP MO	3	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial GC,MO	1	
famotidine 20 mg piggyback GC,MO	1	
famotidine 20 mg tablet GC,MO	1	
famotidine 20 mg/2 ml vial GC,MO	1	
famotidine 40 mg tablet GC,MO	1	
famotidine 40 mg/5 ml susp GC,MO	1	
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution GC,MO	1	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution GC,MO	1	
gavilyte-n 420 g oral solution GC,MO	1	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G PACKET GC,MO	2	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION GB,GC,MO	2	
granisetron hcl 0.1 mg/ml vial GC,MO	2	
granisetron hcl 1 mg tablet GC,MO	2	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial GC,MO	2	
granisetron hcl 4 mg/4 ml vial GC,MO	2	QL (4 per 28 days)
granolisol 1 mg/5 ml oral soln GC,MO	1	B vs D,QL (150 per 28 days)
HALFLYTELY-BISACODYL BOWEL KIT GC,MO	2	
HALFLYTELY-BISACODYL W-FLAVOR PACK 5 MG-210 GRAM ORAL KIT GC,MO	2	
HYDROCHLORIC ACID 37% SOLN MO	3	
KAPIDEX DR 30 MG CAPSULE MO	3	QL (30 per 30 days)
KAPIDEX DR 60 MG CAPSULE MO	3	QL (30 per 30 days)
lansoprazole dr 15 mg capsule GC,MO	2	QL (30 per 30 days)
lansoprazole dr 30 mg capsule GC,MO	2	QL (30 per 30 days)
lansoprazole odt 15 mg tablet GC,MO	2	QL (30 per 30 days)
lansoprazole odt 30 mg tablet GC,MO	2	QL (30 per 30 days)
lapase capsule GC,MO	1	
LIALDA 1.2 G TAB GC,MO	2	QL (120 per 30 days)
loperamide 2 mg capsule GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOTRONEX 0.5 MG TAB GC,MO	2	QL (60 per 30 days)
LOTRONEX 1 MG TAB GC,MO	2	QL (60 per 30 days)
meclizine 12.5 mg tablet GC,MO	1	
meclizine 25 mg tablet GC,MO	1	
mesalamine 4 gm/60 ml enema GC,MO	2	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit GC,MO	2	QL (1800 per 30 days)
metoclopramide 10 mg tablet GC,MO	1	
metoclopramide 5 mg tablet GC,MO	1	
metoclopramide 5 mg/5 ml soln GC,MO	1	
metoclopramide 5 mg/ml syr GC,MO	1	
metoclopramide 5 mg/ml vial GC,MO	1	
misoprostol 100 mcg tablet GC,MO	2	
misoprostol 200 mcg tablet GC,MO	2	
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET GC,MO	2	
NEXIUM 20 MG CAP GC,MO	2	QL (30 per 30 days)
NEXIUM 40 MG CAP GC,MO	2	QL (30 per 30 days)
NEXIUM PACKET 10 MG ORAL SUSP GC,MO	2	QL (30 per 30 days)
NEXIUM PACKET 20 MG ORAL SUSP GC,MO	2	QL (30 per 30 days)
NEXIUM PACKET 40 MG ORAL SUSP GC,MO	2	QL (30 per 30 days)
nizatidine 15 mg/ml solution GC,MO	1	
nizatidine 150 mg capsule GC,MO	2	
nizatidine 300 mg capsule GC,MO	2	
NULYTELY WITH FLAVOR PACKS 420 G ORAL SOLUTION GB,GC,MO	2	
NUTRESTORE 5 GRAM ORAL POWDER PACKET MO	3	
omeprazole dr 10 mg capsule GC,MO	1	QL (30 per 30 days)
omeprazole dr 20 mg capsule GC,MO	1	QL (60 per 30 days)
omeprazole dr 40 mg capsule GC,MO	1	QL (30 per 30 days)
omeprazole-bicarb 20-1,100 cap GC,MO	2	QL (30 per 30 days)
omeprazole-bicarb 40-1,100 cap GC,MO	2	QL (30 per 30 days)
ondansetron 32 mg/50 ml bag GC,MO	1	
ondansetron 4 mg/5 ml solution GC,MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial GC,MO	1	B vs D
ondansetron hcl 24 mg tablet GC,MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 32 mg/50 ml bg GC,MO	1	
ondansetron hcl 4 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr GC,MO	1	
ondansetron hcl 4 mg/2 ml vial GC,MO	1	B vs D
ondansetron hcl 8 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
ondansetron odt 4 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
ondansetron odt 8 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TAB GB,MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PANCREASE MT-20 EC CAPSULE MO	3	
PANCREASE MT-4 EC CAPSULE MO	3	
PANCREAZE 10,500-25,000-43,750 UNIT CAP MO	3	
PANCREAZE 16,800-40,000-70,000 UNIT CAP MO	3	
PANCREAZE 21,000-37,000-61,000 UNIT CAP MO	3	
PANCREAZE 4,200-10,000-17,500 UNIT CAP MO	3	
PANCRECARB MS-16 16,000-52,000-52,000 UNIT CAP MO	3	
PANCRECARB MS-4 4,000-25,000-25,000 UNIT CAP MO	3	
PANCRECARB MS-8 8,000-45,000-40,000 UNIT CAP MO	3	
pancrelipase 5000 5,000-17,000-27,000 unit cap MO	3	
pancrelipase ec 20,000 capsule MO	3	
pancrelipase ec 4,500 capsule MO	3	
pantoprazole sod dr 20 mg tab GC,MO	1	QL (30 per 30 days)
pantoprazole sod dr 40 mg tab GC,MO	1	QL (30 per 30 days)
paregoric liquid GC,MO	1	
peg 3350 electrolyte soln GC,MO	1	
peg-3350 and electrolytes soln GC,MO	1	
peg-3350 with flavor packs 420 g oral solution GC,MO	1	
peg-3350 with flavor packs sol GC,MO	1	
PENTASA 250 MG CAP MO	3	QL (150 per 30 days)
PENTASA 500 MG CAP MO	3	QL (300 per 30 days)
polyethylene glycol 3350 powd GC,MO	1	
prochlorperazine 10 mg tab GC,MO	1	B vs D
prochlorperazine 25 mg supp GC,MO	1	
prochlorperazine 5 mg tablet GC,MO	1	B vs D
prochlorperazine 5 mg/ml vial GC,MO	1	
PROTONIX 20 MG TAB MO	3	PA,QL (30 per 30 days)
PROTONIX 40 MG IV SOLUTION MO	3	
PROTONIX 40 MG TAB MO	3	PA,QL (30 per 30 days)
ranitidine 1,000 mg/40 ml vial GC,MO	1	
ranitidine 15 mg/ml syrup GC,MO	1	
ranitidine 150 mg capsule GC,MO	2	
ranitidine 150 mg tablet GC,MO	1	
ranitidine 300 mg capsule GC,MO	1	
ranitidine 300 mg tablet GC,MO	1	
ranitidine hcl 25 mg/ml vial GC,MO	2	
RELISTOR 12 MG/0.6 ML SUB-Q MO	3	PA,QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUB-Q KIT MO	3	PA,QL (36 per 30 days)
sucralfate 1 gm tablet GC,MO	1	
sucralfate 1 gm/10 ml susp GC,MO	1	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIGAN 300 MG CAP MO	3	B vs D
trilyte with flavor packets 420 g oral solution GC,MO	2	
trimethobenzamide 300 mg cap GC,MO	2	B vs D
ULTRASE EC 250 MG (4,500-25K-20K UNIT) CAP MO	3	
ULTRASE MT 12 223 MG (12,000-39K-39K UNIT) CAP MO	3	
ULTRASE MT 18 333 MG(18K-58.5K-58.5K UNIT) CAP MO	3	
ULTRASE MT 20 371 MG (20,000-65K-65K UNIT) CAP MO	3	
ursodiol 250 mg tablet MO	3	
ursodiol 300 mg capsule MO	3	
ursodiol 500 mg tablet MO	3	
VIOKASE 16 935 MG (16,000-60K-60K UNIT) TAB MO	3	
VIOKASE 8 468 MG (8,000-30K-30K UNIT) TAB MO	3	
VIOKASE POWDER MO	3	
VISICOL TABLET MO	3	
ZENPEP 10,000-34,000-55,000 UNIT CAP GC,MO	2	
ZENPEP 15,000-51,000-82,000 UNIT CAP GC,MO	2	
ZENPEP 20,000-68,000-109,000 UNIT CAP GC,MO	2	
ZENPEP 5,000-17,000-27,000 UNIT CAP GC,MO	2	
GOLD COMPOUNDS		
MYOCHRYSINE 50 MG/ML INJECTION MO	3	
RIDAURA 3 MG CAP MO	3	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML IM MO	3	
CALCIUM DISODIUM VERSENATE 200 MG/ML INJECTION GC,MO	1	
CHEMET 100 MG CAP MO	3	
CUPRIMINE 250 MG CAP MO	3	
deferoxamine 2 gram vial GC,MO	2	B vs D
deferoxamine 500 mg vial GC,MO	2	B vs D
DEPEN TITRATABS 250 MG TAB MO	3	
ENDRATE 150 MG/ML AMPUL MO	3	
EXJADE 125 MG TAB SP	3	PA
EXJADE 250 MG TAB SP	4	PA
EXJADE 500 MG TAB SP	4	PA
SYPRINE 250 MG CAP MO	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
a-hydrocort 100 mg solution for injection GC,MO	1	
a-methapred 125 mg/2 ml solution for injection GC,MO	1	
a-methapred 40 mg solution for injection GC,MO	1	
a-methapred 40 mg/ml solution for injection HI,GC,MO	1	
acarbose 100 mg tablet GC,MO	1	
acarbose 25 mg tablet GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acarbose 50 mg tablet GC,MO	1	
ACTIVELLA 0.5 MG-0.1 MG TAB MO	3	
ACTIVELLA 1 MG-0.5 MG TAB MO	3	
ACTOPLUS MET 15 MG-500 MG TAB GC,MO	2	ST,QL (90 per 30 days)
ACTOPLUS MET 15 MG-850 MG TAB GC,MO	2	ST,QL (90 per 30 days)
ACTOS 15 MG TAB GC,MO	2	ST,QL (30 per 30 days)
ACTOS 30 MG TAB GC,MO	2	ST,QL (30 per 30 days)
ACTOS 45 MG TAB GC,MO	2	ST,QL (30 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (12 per 30 days)
AEROBID AEROSOL WITH ADAPTER MO	3	ST,QL (21 per 30 days)
AEROBID-M AEROSOL WITH ADAPTER MO	3	ST,QL (21 per 30 days)
ALORA 0.025 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
ALORA 0.075 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
ALORA 0.1 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
altavera (28) 0.15 mg-30 mcg tab GC,MO	1	
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (18 per 28 days)
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (18 per 28 days)
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3 month dose pack MO	3	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tab MO	3	
ANADROL-50 50 MG TAB MO	4	
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL PACKET GC,MO	2	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL PACKET GC,MO	2	QL (300 per 30 days)
ANDROGEL 1.25 G/ACTUATION (1%) TRANSDERMAL GEL PUMP GC,MO	2	QL (300 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP GC,MO	2	QL (176 per 30 days)
androxy 10 mg tab MO	3	
ANGELIQ 1 MG-0.5 MG TAB MO	3	
APIDRA 100 UNIT/ML SUB-Q MO	3	
APIDRA 100 UNITS/ML CARTRIDGE MO	3	
APIDRA SOLOSTAR 100 UNIT/ML SUB-Q INSULIN PEN MO	3	
apri 0.15 mg-30 mcg tab GC,MO	1	
aranelle (28) 0.5/1/0.5 mg-35 mcg tab GC,MO	1	
ARISTOSSPAN INTRA-ARTICULAR 20 MG/ML SUSP FOR INJECTION MO	3	
ARISTOSSPAN INTRALESIONAL 5 MG/ML SUSP FOR INJECTION MO	3	
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED GC,MO	2	QL (7 per 30 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED GC,MO	2	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED GC,MO	2	QL (53 per 30 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED GC,MO	2	QL (6 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED GC,MO	2	QL (13 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED GC,MO	2	QL (26 per 30 days)
AVANDAMET 2 MG-1,000 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDAMET 2 MG-500 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDAMET 4 MG-1,000 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDAMET 4 MG-500 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-1 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-2 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-4 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDARYL 8 MG-2 MG TAB MO	3	ST,QL (30 per 30 days)
AVANDARYL 8 MG-4 MG TAB MO	3	ST,QL (30 per 30 days)
AVANDIA 2 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDIA 4 MG TAB MO	3	ST,QL (60 per 30 days)
AVANDIA 8 MG TAB MO	3	ST,QL (30 per 30 days)
aviane 0.1 mg-20 mcg tab GC,MO	1	
AYGESTIN 5 MG TAB MO	3	
AZMACORT INHALER MO	3	
azurette 0.15 mg-0.02 mg x21/0.01 mgx5 tab GC,MO	1	
balziva (28) 0.4 mg-35 mcg tab MO	3	
baycadron 0.5 mg/5 ml elixir GC,MO	1	
betamethasone ac-sp 6 mg/ml vl GC,MO	1	
BREVICON (28) 0.5 MG-35 MCG TAB MO	3	
briellyn 0.4 mg-35 mcg tab MO	3	
budesonide 0.25 mg/2 ml susp MO	3	B vs D
budesonide 0.5 mg/2 ml susp MO	3	B vs D
budesonide ec 3 mg capsule MO	4	
BYETTA 10 MCG/0.04 ML PER DOSE SUB-Q PEN INJECTOR MO	3	PA,QL (3 per 30 days)
BYETTA 5 MCG/0.02 ML PER DOSE SUB-Q PEN INJECTOR MO	3	PA,QL (3 per 30 days)
calcitonin-salmon 200 units sp GC,MO	2	QL (4 per 28 days)
camila 0.35 mg tab GC,MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3 month dose pack MO	3	QL (91 per 90 days)
caziant 0.1/0.125/0.15 mg-25 mcg tab GC,MO	1	
CELESTONE 0.6 MG/5 ML ORAL SOLN MO	3	
CELESTONE SOLUSPAN 6 MG/ML SUSP FOR INJECTION MO	3	
CESIA 28 DAY TABLET GC,MO	1	
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL GB,MO	3	QL (8 per 28 days)
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MO	3	QL (8 per 28 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTEF 10 MG TAB MO	3	
CORTEF 20 MG TAB MO	3	
CORTEF 5 MG TAB MO	3	
cortisone 25 mg tablet GC,MO	1	
CRINONE 4 % VAGINAL GEL MO	3	
CRINONE 8 % VAGINAL GEL MO	3	
cryselle (28) 0.3 mg-30 mcg tab GC,MO	1	
cyclafem 1/35 (28) 1 mg-35 mcg tab GC,MO	1	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tab GC,MO	1	
CYCLESSA 0.1/0.125/0.15 MG-25 MCG TAB MO	3	
CYTOMEL 25 MCG TAB MO	3	
CYTOMEL 5 MCG TAB MO	3	
CYTOMEL 50 MCG TAB MO	3	
danazol 100 mg capsule GC,MO	2	
danazol 200 mg capsule GC,MO	2	
danazol 50 mg capsule GC,MO	2	
DELESTROGEN 10 MG/ML IM OIL MO	3	
DELESTROGEN 20 MG/ML IM OIL MO	3	
DELESTROGEN 40 MG/ML IM OIL MO	3	
DEPO-ESTRADIOL 5 MG/ML IM OIL GC,MO	1	
DEPO-MEDROL 20 MG/ML SUSP FOR INJECTION HI,MO	3	
DEPO-MEDROL 40 MG/ML SUSP FOR INJECTION HI,MO	3	
DEPO-MEDROL 80 MG/ML SUSP FOR INJECTION HI,MO	3	
DEPO-PROVERA 150 MG/ML IM SUSP MO	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML IM SYRINGE MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML IM MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	3	QL (1 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML IM OIL GC,MO	2	
DEPO-TESTOSTERONE 200 MG/ML IM OIL GC,MO	2	
desmopressin 0.1 mg/ml sol GC,MO	2	
desmopressin 0.1 mg/ml spray GC,MO	2	
desmopressin ac 4 mcg/ml amp GC,MO	2	
desmopressin acetate 0.1 mg tb GC,MO	2	
desmopressin acetate 0.2 mg tb GC,MO	2	
DESOGEN 0.15 MG-30 MCG TAB MO	3	
dexamethasone 0.5 mg tablet GC,MO	1	
dexamethasone 0.5 mg/5 ml elx GC,MO	1	
dexamethasone 0.5 mg/5 ml liq GC,MO	1	
dexamethasone 0.75 mg tablet GC,MO	1	
dexamethasone 1 mg tablet GC,MO	1	
dexamethasone 1.5 mg tablet GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 10 mg/ml vial GC,MO	1	
dexamethasone 2 mg tablet GC,MO	1	
dexamethasone 4 mg tablet GC,MO	1	
dexamethasone 4 mg/ml vial GC,MO	1	
dexamethasone 6 mg tablet GC,MO	1	
dexamethasone intensol 1 mg/ml oral drops GC,MO	2	
DEXPAK 1.5 MG (21 TABS) DOSE PACK, TAB MO	3	
DEXPAK 1.5 MG (51 TABS) DOSE PACK, TAB MO	3	
DEXPAK JR. 1.5 MG (35 TABS) DOSE PACK, TAB MO	3	
DIABETA 1.25 MG TAB MO	3	
DIABETA 2.5 MG TAB MO	3	
DIABETA 5 MG TAB MO	3	
DIVIGEL 0.25 MG (0.1 %) TRANSDERMAL GEL PACKET MO	3	
DIVIGEL 0.5 MG (0.1 %) TRANSDERMAL GEL PACKET MO	3	
DIVIGEL 1 MG (0.1 %) TRANSDERMAL GEL PACKET GB,MO	3	
DUETACT 30 MG-2 MG TAB GC,MO	2	ST,QL (30 per 30 days)
DUETACT 30 MG-4 MG TAB GC,MO	2	ST,QL (30 per 30 days)
EGRIFTA 1 MG SUB-Q SOLN SP	4	PA,QL (60 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP GB,MO	3	
emoquette 0.15 mg-30 mcg tab GC,MO	1	
ENDOMETRIN 100 MG VAGINAL INSERTS MO	3	
enpresse 50-30 (6)/75-40(5)/125-30(10) tab GC,MO	1	
ENTOCORT EC 3 MG CAP MO	4	
errin 0.35 mg tab GC,MO	1	
ESTRACE 0.01% (0.1 MG/G) VAGINAL CREAM MO	3	
ESTRACE 0.5 MG TAB MO	3	
ESTRACE 1 MG TAB MO	3	
ESTRACE 2 MG TAB MO	3	
ESTRADERM 0.05 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
ESTRADERM 0.1 MG PATCH GB,MO	3	QL (8 per 28 days)
estradiol 0.05 mg/day patch GC,MO	1	QL (4 per 28 days)
estradiol 0.1 mg/day patch GC,MO	1	QL (4 per 28 days)
estradiol 0.5 mg tablet GC,MO	1	
estradiol 1 mg tablet GC,MO	1	
estradiol 2 mg tablet GC,MO	1	
estradiol tds 0.025 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.0375 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.06 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.075 mg/day GC,MO	1	QL (4 per 28 days)
estradiol valerate 10 mg/ml vl GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol valerate 20 mg/ml v1 GC,MO	1	
estradiol valerate 40 mg/ml v1 GC,MO	1	
estradiol-noreth 0.5-0.1 mg tb MO	3	
estradiol-noreth 1-0.5 mg tab GC,MO	2	
ESTRASORB 2.5 MG/G (1.74 G) TRANSDERMAL EMULSION PKT MO	3	QL (56 per 28 days)
ESTRING 2 MG VAGINAL MO	3	QL (1 per 90 days)
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TAB MO	3	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY MO	3	
EVISTA 60 MG TAB GC,MO	2	QL (30 per 30 days)
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TAB MO	3	
FEMHRT 1/5 1 MG-5 MCG TAB GB,MO	3	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TAB MO	3	
FEMRING 0.05 MG/24 HR VAGINAL GB,MO	3	QL (1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL GB,MO	3	QL (1 per 90 days)
FEMTRACE 0.45 MG TAB MO	3	
FEMTRACE 0.9 MG TAB MO	3	
FEMTRACE 1.8 MG TABLET MO	3	
FLOVENT DISKUS 100 MCG/ACTUATION FOR INHALATION GC,MO	2	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION FOR INHALATION GC,MO	2	QL (60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION FOR INHALATION GC,MO	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (1 per 30 days)
fludrocortisone 0.1 mg tablet GC,MO	1	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUB-Q PEN INJECTOR MO	3	ST,QL (2 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO	3	QL (4 per 28 days)
gianvi 3 mg-20 mcg (24) tab GC,MO	1	
gildess fe 1 mg-20 mcg tab GC,MO	1	
gildess fe 1.5 mg-30 mcg tab GC,MO	1	
glimepiride 1 mg tablet GC,MO	1	
glimepiride 2 mg tablet GC,MO	1	
glimepiride 4 mg tablet GC,MO	1	
glipizide 10 mg tablet GC,MO	1	
glipizide 5 mg tablet GC,MO	1	
glipizide er 10 mg tablet GC,MO	1	
glipizide er 2.5 mg tablet GC,MO	1	
glipizide er 5 mg tablet GC,MO	1	
glipizide-metformin 2.5-250 mg GC,MO	1	
glipizide-metformin 2.5-500 mg GC,MO	1	
glipizide-metformin 5-500 mg GC,MO	1	
GLUCAGEN 1 MG SOLUTION FOR INJECTION MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
GLUCAGON EMERGENCY 1 MG INJECTION KIT GC,MO	2	
GLUCOTROL 10 MG TAB GB,MO	3	
GLUCOTROL 5 MG TAB GB,MO	3	
GLUCOTROL XL 10 MG 24 HR TAB GB,MO	3	
GLUCOTROL XL 2.5 MG 24 HR TAB GB,MO	3	
GLUCOTROL XL 5 MG 24 HR TAB GB,MO	3	
GLUMETZA 1,000 MG 24 HR TAB MO	3	QL (60 per 30 days)
GLUMETZA 500 MG 24 HR TAB GB,MO	3	QL (120 per 30 days)
glyburid-metformin 1.25-250 mg GC,MO	1	
glyburide 1.25 mg tablet GC,MO	1	
glyburide 2.5 mg tablet GC,MO	1	
glyburide 5 mg tablet GC,MO	1	
glyburide micro 1.5 mg tab GC,MO	1	
glyburide micro 3 mg tablet GC,MO	1	
glyburide micro 6 mg tablet GC,MO	1	
glyburide-metformin 2.5-500 mg GC,MO	1	
glyburide-metformin 5-500 mg GC,MO	1	
GLYNASE 1.5 MG TAB MO	3	
GLYNASE 3 MG TAB GB,MO	3	
GLYNASE 6 MG TAB MO	3	
GLYSET 100 MG TAB MO	3	
GLYSET 25 MG TAB MO	3	
GLYSET 50 MG TAB MO	3	
heather 0.35 mg tab GC,MO	1	
HUMALOG 100 UNIT/ML SUB-Q GC,MO	2	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBQ CARTRIDGE GC,MO	2	QL (240 per 30 days)
HUMALOG 100 UNITS/ML PEN GC,MO	2	
HUMALOG KWIKPEN 100 UNIT/ML SUB-Q PEN GC,MO	2	
HUMALOG MIX 50-50 100 UNIT/ML (50-50) SUSP, SUB-Q INJ GC,MO	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) SUB-Q PEN GC,MO	2	
HUMALOG MIX 50-50 PEN GC,MO	2	
HUMALOG MIX 75-25 100 UNIT/ML (75-25) SUSP, SUB-Q INJ GC,MO	2	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) SUB-Q PEN GC,MO	2	
HUMALOG MIX 75-25 PEN GC,MO	2	
HUMULIN 50-50 VIAL GC,MO	2	
HUMULIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ GC,MO	2	
HUMULIN 70/30 PEN 100 UNIT/ML (70-30) SUBQ GC,MO	2	
HUMULIN N 100 UNIT/ML SUSP, SUB-Q INJ GC,MO	2	
HUMULIN N PEN 100 UNIT/ML (3 ML) SUBQ GC,MO	2	
HUMULIN R 100 UNIT/ML INJECTION GC,MO	2	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML INJECTION GC,MO	2	
hydrocortisone 10 mg tablet GC,MO	1	
hydrocortisone 20 mg tablet GC,MO	1	
hydrocortisone 5 mg tablet GC,MO	1	
INCRELEX 10 MG/ML SUB-Q SP	4	PA
introvale 0.15 mg-30 mcg tabs,3 month dose pack GC,MO	1	QL (91 per 90 days)
JANUMET 50 MG-1,000 MG TAB GC,MO	2	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TAB GC,MO	2	ST,QL (60 per 30 days)
JANUVIA 100 MG TAB GC,MO	2	ST,QL (30 per 30 days)
JANUVIA 25 MG TAB GC,MO	2	ST,QL (30 per 30 days)
JANUVIA 50 MG TAB GC,MO	2	ST,QL (30 per 30 days)
jevantique 1 mg-5 mcg tab GC,MO	2	
jinteli 1 mg-5 mcg tab GC,MO	2	
jolessa 0.15 mg-30 mcg tabs,3 month dose pack MO	3	QL (91 per 90 days)
jolivette 0.35 mg tab GC,MO	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tab GC,MO	1	
junel 1/20 (21) 1 mg-20 mcg tab GC,MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg tab GC,MO	1	
junel fe 1/20 (28) 1 mg-20 mcg tab GC,MO	1	
kariva 0.15 mg-0.02 mg x21/0.01 mgx5 tab GC,MO	1	
kelnor 1/35 (28) 1 mg-35 mcg tab GC,MO	1	
KENALOG 10 MG/ML SUSP FOR INJECTION MO	3	
KENALOG 40 MG/ML SUSP FOR INJECTION MO	3	
KOMBIGLYZE XR 2.5 MG-1,000 MG 24 HR TAB MO	3	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG 24 HR TAB MO	3	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG 24 HR TAB MO	3	ST,QL (30 per 30 days)
LANTUS 100 UNIT/ML SUB-Q GC,MO	2	
LANTUS 100 UNITS/ML CARTRIDGE GC,MO	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN GC,MO	2	
leena 28 0.5/1/0.5 mg-35 mcg tab GC,MO	1	
lessina 0.1 mg-20 mcg tab GC,MO	1	
LEVEMIR 100 UNIT/ML SUB-Q GC,MO	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN GC,MO	2	
LEVLEN (28) 0.15 MG-30 MCG TAB GC,MO	1	
levora-28 0.15 mg-30 mcg tab GC,MO	1	
LEVOOTHROID 100 MCG TAB GC,GB,MO	1	
LEVOOTHROID 112 MCG TAB GC,GB,MO	1	
LEVOOTHROID 125 MCG TAB GC,GB,MO	1	
LEVOOTHROID 137 MCG TAB GC,GB,MO	1	
LEVOOTHROID 150 MCG TAB GC,GB,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVOTHROID 175 MCG TAB GC,MO	1	
LEVOTHROID 200 MCG TAB GC,GB,MO	1	
LEVOTHROID 25 MCG TAB GC,GB,MO	1	
LEVOTHROID 300 MCG TAB GC,MO	1	
LEVOTHROID 50 MCG TAB GC,GB,MO	1	
LEVOTHROID 75 MCG TAB GC,GB,MO	1	
LEVOTHROID 88 MCG TAB GC,GB,MO	1	
levothyroxine 100 mcg tablet GC,MO	1	
levothyroxine 112 mcg tablet GC,MO	1	
levothyroxine 125 mcg tablet GC,MO	1	
levothyroxine 137 mcg tablet GC,MO	1	
levothyroxine 150 mcg tablet GC,MO	1	
levothyroxine 175 mcg tablet GC,MO	1	
levothyroxine 200 mcg tablet GC,MO	1	
levothyroxine 200 mcg vial GC,MO	1	
levothyroxine 25 mcg tablet GC,MO	1	
levothyroxine 300 mcg tablet GC,MO	1	
levothyroxine 50 mcg tablet GC,MO	1	
levothyroxine 500 mcg vial GC,MO	1	
levothyroxine 75 mcg tablet GC,MO	1	
levothyroxine 88 mcg tablet GC,MO	1	
LEVOXYL 100 MCG TAB GB,GC,MO	2	
LEVOXYL 112 MCG TAB GB,GC,MO	2	
LEVOXYL 125 MCG TAB GB,GC,MO	2	
LEVOXYL 137 MCG TAB GB,GC,MO	2	
LEVOXYL 150 MCG TAB GB,GC,MO	2	
LEVOXYL 175 MCG TAB GB,GC,MO	2	
LEVOXYL 200 MCG TAB GB,GC,MO	2	
LEVOXYL 25 MCG TAB GB,GC,MO	2	
LEVOXYL 50 MCG TAB GB,GC,MO	2	
LEVOXYL 75 MCG TAB GB,GC,MO	2	
LEVOXYL 88 MCG TAB GB,GC,MO	2	
liothyronine sod 10 mcg/ml vl GC,MO	1	
liothyronine sod 25 mcg tab GC,MO	1	
liothyronine sod 5 mcg tab GC,MO	1	
liothyronine sod 50 mcg tab GC,MO	1	
LO-OVRAL (28) 0.3 MG-30 MCG TAB MO	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TAB MO	3	
LOESTRIN 1/20 (21) 1 MG-20 MCG TAB MO	3	
LOESTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TAB MO	3	
LOESTRIN FE 1.5/30 (28) 1.5 MG-30 MCG TAB MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOESTRIN FE 1/20 (28) 1 MG-20 MCG TAB MO	3	
Ioryna 3 mg-20 mcg (24) tab GC,MO	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tab GC,MO	1	
lutera (28) 0.1 mg-20 mcg tab GC,MO	1	
LYBREL 90 MCG-20 MCG TAB MO	3	
MEDROL (PAK) 4 MG TABS IN A DOSE PACK GB,MO	3	
MEDROL 16 MG TAB MO	3	
MEDROL 2 MG TAB MO	3	
MEDROL 32 MG TAB MO	3	
MEDROL 4 MG TAB MO	3	
MEDROL 8 MG TAB MO	3	
medroxyprogesterone 10 mg tab GC,MO	1	
medroxyprogesterone 150 mg/ml GC,MO	1	QL (1 per 90 days)
medroxyprogesterone 2.5 mg tab GC,MO	1	
medroxyprogesterone 5 mg tab GC,MO	1	
MENOSTAR 14 MCG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
meprolone unipak 4 mg tab GC,MO	1	
metformin hcl 1,000 mg tablet GC,MO	1	
metformin hcl 500 mg tablet GC,MO	1	
metformin hcl 850 mg tablet GC,MO	1	
metformin hcl er 500 mg tablet GC,MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet GC,MO	1	QL (60 per 30 days)
methimazole 10 mg tablet GC,MO	1	
methimazole 5 mg tablet GC,MO	1	
methylprednisolone 125 mg vial GC,MO	1	
methylprednisolone 16 mg tab GC,MO	1	
methylprednisolone 32 mg tab GC,MO	1	
methylprednisolone 4 mg dosepk GC,MO	1	
methylprednisolone 4 mg tablet GC,MO	1	
methylprednisolone 40 mg vial GC,MO	1	
methylprednisolone 40 mg/ml vl GC,MO	1	
methylprednisolone 500 mg vial GC,MO	1	
methylprednisolone 8 mg tab GC,MO	1	
methylprednisolone 80 mg/ml vl HI,GC,MO	1	
methylprednisolone ss 1 gm vl HI,GC,MO	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tab GC,MO	1	
microgestin 1/20 (21) 1 mg-20 mcg tab GC,MO	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg tab GC,MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mimvey 1 mg-0.5 mg tab GC,MO	1	
MIRCETTE 0.15 MG-0.02 MG X21/0.01 MGX5 TAB MO	3	
MODICON (28) 0.5 MG-35 MCG TAB MO	3	
mononessa (28) 0.25 mg-35 mcg tab GC,MO	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TAB MO	3	
nateglinide 120 mg tablet GC,MO	1	
nateglinide 60 mg tablet GC,MO	1	
necon 0.5/35 (28) 0.5 mg-35 mcg tab GC,MO	1	
necon 1/35 (28) 1 mg-35 mcg tab GC,MO	1	
necon 1/50 (28) 1 mg-50 mcg tab MO	3	
necon 10/11 (28) 0.5mg-35mcg(10)/1mg-35mcg(11) tab GC,MO	1	
necon 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tab GC,MO	1	
NOR-QD 0.35 MG TAB MO	3	
nora-be 0.35 mg tab GC,MO	1	
NORDETTE-28 0.15 MG-30 MCG TAB MO	3	
norethindrone 0.35 mg tablet GC,MO	1	
norethindrone 5 mg tablet GC,MO	2	
norg-ethin estr 0.3-0.03 mg tb GC,MO	1	
norgestimate-eth estradiol tab GC,MO	1	
NORINYL 1+35 (28) 1 MG-35 MCG TAB MO	3	
NORINYL 1+50 (28) 1 MG-50 MCG TAB MO	3	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tab GC,MO	1	
nortrel 1/35 (21) 1 mg-35 mcg tab GC,MO	1	
nortrel 1/35 (28) 1 mg-35 mcg tab GC,MO	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tab GC,MO	1	
NOVOLIN 70-30 INNOLET GC,MO	2	
NOVOLIN 70-30 U100 CARTRIDGE GC,MO	2	
NOVOLIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ GC,MO	2	
NOVOLIN N 100 UNIT/ML CARTRIDG GC,MO	2	
NOVOLIN N 100 UNIT/ML INNOLET GC,MO	2	
NOVOLIN N 100 UNIT/ML SUSP, SUB-Q INJ GC,MO	2	
NOVOLIN R 100 UNIT/ML CARTRIDG GC,MO	2	
NOVOLIN R 100 UNIT/ML INJECTION GC,MO	2	
NOVOLIN R 100 UNIT/ML INNOLET GC,MO	2	
NOVOLOG 100 UNIT/ML SUB-Q GC,MO	2	
NOVOLOG FLEXPEN 100 UNIT/ML SUB-Q GC,MO	2	
NOVOLOG MIX 70-30 100 UNIT/ML (70-30) SUB-Q GC,MO	2	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML (70-30) SUB-Q GC,MO	2	
NOVOLOG PENFILL 100 UNIT/ML SUBQ CARTRIDGE GC,MO	2	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MO	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ogestrel (28) 0.5 mg-50 mcg tab GC,MO	1	
OMNITROPE 10 MG/1.5 ML SUBQ CARTRIDGE SP	3	PA,QL (12 per 28 days)
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBQ CARTRIDGE SP	3	PA,QL (24 per 28 days)
OMNITROPE 5.8 MG SUB-Q SOLN SP	4	PA,QL (8 per 28 days)
ONGLYZA 2.5 MG TAB MO	3	ST,QL (30 per 30 days)
ONGLYZA 5 MG TAB MO	3	ST,QL (30 per 30 days)
ORAPRED 15 MG/5 ML ORAL SOLN MO	3	
ORAPRED ODT 10 MG TAB, RAPID DISSOLVE MO	3	
ORAPRED ODT 15 MG TAB, RAPID DISSOLVE MO	3	
ORAPRED ODT 30 MG TAB, RAPID DISSOLVE MO	3	
orsythia 0.1 mg-20 mcg tab GC,MO	1	
ORTHO EVRA 150 MCG-20 MCG/24 HR TRANSDERM PATCH MO	3	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TAB GB,MO	3	
ORTHO TRI-CYCLEN (28) 0.18/0.215/0.25 MG-35 MCG(28) TAB MO	3	
ORTHO TRI-CYCLEN LO 0.18/0.215/0.25 MG-25 MCG TAB MO	3	
ORTHO-CEPT (28) 0.15 MG-30 MCG TAB MO	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TAB MO	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TAB MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG-35 MCG TAB MO	3	
OVCON-35 (28) 0.4 MG-35 MCG TAB MO	3	
OVCON-50 (28) 1 MG-50 MCG TAB MO	3	
oxandrolone 10 mg tablet MO	4	QL (60 per 30 days)
oxandrolone 2.5 mg tablet GC,MO	2	QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLN MO	3	
PITRESSIN 20 UNIT/ML INJECTION GC,MO	1	
portia 0.15 mg-30 mcg tab GC,MO	1	
PRANDIN 0.5 MG TAB MO	3	
PRANDIN 1 MG TAB MO	3	
PRANDIN 2 MG TAB MO	3	
PRECOSE 100 MG TAB MO	3	
PRECOSE 25 MG TAB MO	3	
PRECOSE 50 MG TAB MO	3	
prednisolone 15 mg/5 ml soln GC,MO	1	
prednisolone 15 mg/5 ml syrup GC,MO	1	
prednisolone 5 mg/5 ml soln GC,MO	1	
prednisolone 5 mg/5 ml syrup GC,MO	1	
prednisone 1 mg tablet GC,MO	1	
prednisone 10 mg tablet GC,MO	1	
prednisone 2.5 mg tablet GC,MO	1	
prednisone 20 mg tablet GC,MO	1	
prednisone 5 mg tablet GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisone 5 mg/5 ml solution GC,MO	1	
prednisone 50 mg tablet GC,MO	1	
prednisone intensol 5 mg/ml oral concentrate GC,MO	2	
PREFEST 1/1 MG (15-0.09 MG (15/15) TAB GB,MO	3	
PRELONE 15 MG/5 ML ORAL SOLN GC,MO	1	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM GC,MO	2	
previfem 0.25 mg-35 mcg tab GC,MO	1	
PROCHIEVE 4% GEL MO	3	
PROCHIEVE 8% GEL MO	3	
progesterone in oil 50 mg/ml im GC,MO	1	
progesterone oil 50 mg/ml vl GC,MO	1	
PROMETRIUM 100 MG CAP MO	3	
PROMETRIUM 200 MG CAP MO	3	
propylthiouracil 50 mg tablet GC,MO	1	
PROVERA 10 MG TAB GB,MO	3	
PROVERA 2.5 MG TAB GB,MO	3	
PROVERA 5 MG TAB GB,MO	3	
quasense 0.15 mg-30 mcg tabs,3 month dose pack GC,MO	1	QL (91 per 90 days)
QVAR 40 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (37 per 30 days)
QVAR 80 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (22 per 30 days)
reclipsen (28) 0.15 mg-30 mcg tab GC,MO	1	
RIOMET 500 MG/5 ML ORAL SOLN GB,MO	3	
SAIZEN 5 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SAIZEN 8.8 MG SUB-Q SOLN SP	4	PA
SAIZEN CLICK.EASY 8.8 MG/1.5 ML (FINAL CONC.) SUBQ CARTRIDGE SP	4	PA
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
SEROSTIM 4 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SEROSTIM 5 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SEROSTIM 6 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SEROSTIM 8.8 MG VIAL SP	4	PA
SOLIA 0.15 MG-30 MCG TAB GC,MO	1	
SOLU-CORTEF (PF) 1,000 MG/8 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 100 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 250 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF 250 MG ACT-O-VL MO	3	
SOLU-CORTEF 500 MG ACT-O-VL MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML IV SOLUTION MO	3	
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION HI,MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION HI,MO	3	
SOLU-MEDROL (PF) 500 MG/4 ML IV SOLUTION MO	3	
SOLU-MEDROL 1,000 MG IV SOLUTION MO	3	
SOLU-MEDROL 125 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL 2 GRAM IV SOLUTION MO	3	
SOLU-MEDROL 500 MG IV SOLUTION MO	3	
SOMAVERT 10 MG SUB-Q SOLN SP	4	PA,QL (30 per 30 days)
SOMAVERT 15 MG SUB-Q SOLN SP	4	PA,QL (30 per 30 days)
SOMAVERT 20 MG SUB-Q SOLN SP	4	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tab GC,MO	1	
sronyx 0.1 mg-20 mcg tab GC,MO	1	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	3	
STRIANT 30 MG BUCCAL SYSTEM, MUCOADHESIVE 12 HR MO	3	
syeda 3 mg-0.03 mg tab GC,MO	1	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER GC,MO	2	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER GC,MO	2	QL (11 per 30 days)
SYMLIN 600 MCG/ML SUB-Q MO	3	PA,QL (25 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUB-Q PEN INJECTOR MO	3	PA,QL (11 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUB-Q PEN INJECTOR MO	3	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	4	
SYNTROID 100 MCG TAB GB,GC,MO	2	
SYNTROID 112 MCG TAB GB,GC,MO	2	
SYNTROID 125 MCG TAB GB,GC,MO	2	
SYNTROID 137 MCG TAB GB,GC,MO	2	
SYNTROID 150 MCG TAB GB,GC,MO	2	
SYNTROID 175 MCG TAB GB,GC,MO	2	
SYNTROID 200 MCG TAB GB,GC,MO	2	
SYNTROID 25 MCG TAB GB,GC,MO	2	
SYNTROID 300 MCG TAB GB,GC,MO	2	
SYNTROID 50 MCG TAB GB,GC,MO	2	
SYNTROID 75 MCG TAB GB,GC,MO	2	
SYNTROID 88 MCG TAB GB,GC,MO	2	
TAPAZOLE 10 MG TAB MO	3	
TAPAZOLE 5 MG TAB MO	3	
TESTOPEL 75 MG IMPLANT PELLET MO	3	
testosterone cyp 100 mg/ml GC,MO	2	
testosterone cyp 200 mg/ml GC,MO	2	
testosterone enan 200 mg/ml GC,MO	2	
THYROLAR-1 12.5 MCG-50 MCG TAB GC,GB,MO	1	
THYROLAR-1/2 6.25 MCG-25 MCG TAB GC,MO	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TAB GC,GB,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THYROLAR-2 25 MCG-100 MCG TAB GC,GB,MO	1	
THYROLAR-3 37.5 MCG-150 MCG TAB GC,GB,MO	1	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tab MO	3	
tolazamide 250 mg tablet GC,MO	1	
tolazamide 500 mg tablet GC,MO	1	
tolbutamide 500 mg tablet GC,MO	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tab MO	3	
TRI-NORINYL (28) 0.5/1/0.5 MG-35 MCG TAB MO	3	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg(28) tab GC,MO	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg(28) tab GC,MO	1	
triamcinolone acet 10mg/ml sus GC,MO	1	
triamcinolone acet 40mg/ml sus GC,MO	1	
trinessa (28) 0.18/0.215/0.25 mg-35 mcg(28) tab GC,MO	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tab GC,MO	1	
UNITHROID 100 MCG TAB GC,GB,MO	1	
UNITHROID 112 MCG TAB GC,GB,MO	1	
UNITHROID 125 MCG TAB GC,GB,MO	1	
UNITHROID 137 MCG TABLET GC,MO	1	
UNITHROID 150 MCG TAB GC,GB,MO	1	
UNITHROID 175 MCG TAB GC,GB,MO	1	
UNITHROID 200 MCG TAB GC,GB,MO	1	
UNITHROID 25 MCG TAB GC,GB,MO	1	
UNITHROID 300 MCG TAB GC,GB,MO	1	
UNITHROID 50 MCG TAB GC,GB,MO	1	
UNITHROID 75 MCG TAB GC,GB,MO	1	
UNITHROID 88 MCG TAB GC,GB,MO	1	
VAGIFEM 10 MCG VAGINAL TAB MO	3	
VAGIFEM 25 MCG VAGINAL TAB MO	3	
vasopressin 10 unit/0.5 ml v _l GC,MO	1	
velivet 0.1/0.125/0.15 mg-25 mcg tab GC,MO	1	
VERIPRED 20 20 MG/5 ML ORAL SOLN MO	3	
VICTOZA 0.6 MG/0.1 ML (18 MG/3 ML) SUB-Q PEN INJECTOR MO	3	PA,QL (9 per 30 days)
VIVELLE-DOT 0.025 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
YASMIN 28 3 MG-0.03 MG TAB MO	3	
YAZ 28 3 MG-20 MCG (24) TAB MO	3	
zarah 3 mg-0.03 mg tab GC,MO	1	
zema-pak 10 day 1.5 mg tablet GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zema-pak 13 day 1.5 mg tablet GC,MO	1	
zema-pak 6 day 1.5 mg tablet GC,MO	1	
zenchent (28) 0.4 mg-35 mcg tab GC,MO	1	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tab GC,MO	2	
ZORBTIVE 8.8 MG SUB-Q SOLN SP	4	PA
zovia 1/35e (28) 1 mg-35 mcg tab GC,MO	1	
zovia 1/50e (28) 1 mg-50 mcg tab GC,MO	1	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% ampul GC,MO	1	
bupivacaine 0.25% vial GC,MO	1	
bupivacaine 0.5% ampul GC,MO	1	
bupivacaine 0.75% vial GC,MO	1	
bupivacaine-dextr 0.75% amp GC,MO	1	
bupivacaine-epi 0.25%-0.0005 GC,MO	1	
bupivacaine-epi 0.5%-0.0005 GC,MO	1	
bupivacaine-epi 0.75%-0.0005 GC,MO	1	
CARBOCAINE (PF) 10 MG/ML (1 %) INJECTION MO	3	
CARBOCAINE (PF) 15 MG/ML (1.5 %) INJECTION MO	3	
CARBOCAINE (PF) 20 MG/ML (2 %) INJECTION MO	3	
CARBOCAINE 1 % INJECTION MO	3	
CARBOCAINE 2 % INJECTION MO	3	
chloroprocaine 2% vial GC,MO	1	
chloroprocaine 3% vial GC,MO	1	
lidocaine 0.5%-epi 1:200,000 GC,MO	1	
lidocaine 1%-epi 1:100,000 GC,MO	1	
lidocaine 1.5%-epi 1:200,000 GC,MO	1	
lidocaine 2% - epi 1:100,000 GC,MO	1	
lidocaine 2% - epi 1:50,000 GC,MO	1	
lidocaine 2%-epi 1:100,000 GC,MO	1	
lidocaine 2%-epi 1:200,000 GC,MO	1	
lidocaine 5% in d7.5w ampul GC,MO	1	
lidocaine hcl 0.5% vial GC,MO	1	
lidocaine hcl 1% ampul GC,MO	1	
lidocaine hcl 1% vial GC,MO	1	
lidocaine hcl 1.5% ampul GC,MO	1	
lidocaine hcl 2% ampul GC,MO	1	
lidocaine hcl 2% vial GC,MO	1	
lidocaine hcl 4% ampul GC,MO	1	
MARCAINE (PF) 0.25 % (2.5 MG/ML) INJECTION MO	3	
MARCAINE (PF) 0.5 % (5 MG/ML) INJECTION MO	3	
MARCAINE (PF) 0.75 % (7.5 MG/ML) INJECTION MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MARCAINE 0.25 % (2.5 MG/ML) INJECTION MO	3	
MARCAINE SPINAL 7.5 MG/ML (0.75 %) INJECTION MO	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE (PF) 0.5 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
mepivacaine hcl 3% cartridge GC,MO	1	
NAROPIN (PF) 5 MG/ML (0.5 %) INJECTION MO	3	
NAROPIN 10 MG/ML INJECTION MO	3	
NAROPIN 2 MG/ML (0.2 %) INJECTION MO	3	
NAROPIN 5 MG/ML INJECTION MO	3	
NAROPIN 7.5 MG/ML INJECTION MO	3	
NESACAIN 10 MG/ML (1 %) INJECTION MO	3	
NESACAIN 20 MG/ML (2 %) INJECTION MO	3	
NESACAIN-MPF 20 MG/ML (2 %) INJECTION MO	3	
NESACAIN-MPF 30 MG/ML (3 %) INJECTION MO	3	
polocaine (pf) 10 mg/ml (1 %) injection GC,MO	1	
polocaine (pf) 15 mg/ml (1.5 %) injection GC,MO	1	
polocaine (pf) 20 mg/ml (2 %) injection GC,MO	1	
polocaine 1 % injection GC,MO	1	
polocaine 2 % injection GC,MO	1	
PONTOCAIN 20 MG SOLUTION FOR INJECTION MO	3	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION MO	3	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML) INJECTION MO	3	
SENSORCAINE-MPF 0.5 % (5 MG/ML) INJECTION MO	3	
sensorcaine-mpf 0.75 % (7.5 mg/ml) injection MO	3	
sensorcaine-mpf spinal 7.5 mg/ml (0.75 %) injection GC,MO	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection GC,MO	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
SENSORCAINE-MPF/EPINEPHRINE 0.75 %-1:200,000 INJECTION MO	3	
sensorcaine/epinephrine 0.25 %-1:200,000 injection GC,MO	1	
sensorcaine/epinephrine 0.5 %-1:200,000 injection GC,MO	1	
XYLOCAINE 10 MG/ML (1 %) INJECTION MO	3	
XYLOCAINE 20 MG/ML (2 %) INJECTION MO	3	
XYLOCAINE 5 MG/ML (0.5 %) INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 1 %-1:100,000 INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 2 %-1:100,000 INJECTION MO	3	
XYLOCAINE-MPF 10 MG/ML (1 %) INJECTION MO	3	
XYLOCAINE-MPF 15 MG/ML (1.5 %) INJECTION MO	3	
XYLOCAINE-MPF 20 MG/ML (2 %) INJECTION MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XYLOCAINE-MPF 40 MG/ML (4 %) INJECTION MO	3	
XYLOCAINE-MPF 5 MG/ML (0.5 %) INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000 INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1.5 %-1:200,000 INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 2 %-1:200,000 INJECTION MO	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 2 MILLION UNIT/0.5 ML SUB-Q SP	4	PA
ACTONEL 150 MG TAB MO	3	QL (2 per 30 days)
ACTONEL 30 MG TAB MO	3	QL (30 per 30 days)
ACTONEL 35 MG TAB MO	3	QL (4 per 28 days)
ACTONEL 5 MG TAB MO	3	QL (30 per 30 days)
ACTONEL WITH CALCIUM TABLET MO	3	QL (28 per 28 days)
alendronate sodium 10 mg tab GC,MO	1	QL (30 per 30 days)
alendronate sodium 35 mg tab GC,MO	1	QL (4 per 28 days)
alendronate sodium 40 mg tab GC,MO	1	QL (30 per 30 days)
alendronate sodium 5 mg tablet GC,MO	1	QL (30 per 30 days)
alendronate sodium 70 mg tab GC,MO	1	QL (4 per 28 days)
allopurinol 100 mg tablet GC,MO	1	
allopurinol 300 mg tablet GC,MO	1	
allopurinol sodium 500 mg vial GC,MO	1	
ALOPRIM 500 MG IV SOLUTION MO	3	
amifostine 500 mg vial MO	4	B vs D
AMPYRA 10 MG 12 HR TAB SP	4	PA,QL (60 per 30 days)
ANTABUSE 250 MG TAB MO	3	
ANTABUSE 500 MG TAB MO	3	
ANTIZOL 1.5 GM/1.5 ML VIAL MO	3	
ARCALYST 220 MG SUB-Q SOLN SP	4	PA
AREDIA 30 MG IV SOLUTION SP	3	B vs D,QL (3 per 21 days)
AREDIA 90 MG VIAL SP	4	B vs D,QL (1 per 21 days)
aspergillus allergen extract GC,MO	1	
ATGAM 50 MG/ML IV GC,MO	2	B vs D
AVODART 0.5 MG CAP GC,MO	2	QL (30 per 30 days)
AVONEX 30 MCG IM KIT SP	4	PA,QL (4 per 28 days)
AVONEX ADMINISTRATION PACK 30 MCG/0.5 ML IM KIT SP	4	PA,QL (4 per 28 days)
azathioprine 50 mg tablet GC,MO	1	B vs D
azathioprine sod 100 mg vial GC,MO	1	B vs D
BETASERON 0.3 MG SUB-Q KIT SP	4	PA,QL (15 per 30 days)
BONIVA 150 MG TAB MO	3	QL (1 per 28 days)
BONIVA 3 MG/3 ML IV SYRINGE MO	3	PA,QL (3 per 90 days)
calcium folinate 10 mg/ml injection GC,MO	1	
candida albicans extract GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARNITOR 100 MG/ML ORAL SOLN MO	3	B vs D
CARNITOR 200 MG/ML IV MO	3	B vs D
CARNITOR 330 MG TAB MO	3	B vs D
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLN MO	3	B vs D
CARTICEL SUSP FOR IMPLANTATION MO	3	
cavarest 1.1% dental gel GC,MO	1	
cavirinse oral rinse GC,MO	1	
CELLCEPT 200 MG/ML ORAL SUSP MO	4	B vs D
CELLCEPT 250 MG CAP MO	3	B vs D
CELLCEPT 500 MG TAB MO	4	B vs D
CELLCEPT INTRAVENOUS 500 MG IV SOLUTION MO	3	B vs D
COLCRYS 0.6 MG TAB GC,MO	2	
control rx cream GC,MO	1	
COPAXONE 20 MG SUB-Q KIT SP	4	PA,QL (30 per 30 days)
cyanide antidote 300 mg/10 ml-12.5 gram/50 ml iv kit GC,MO	1	
cyclosporine 100 mg capsule GC,MO	2	B vs D
cyclosporine 100 mg/ml soln MO	3	B vs D
cyclosporine 25 mg capsule GC,MO	1	B vs D
cyclosporine 50 mg softgel GC,MO	1	B vs D
cyclosporine 50 mg/ml vial MO	3	B vs D
cyclosporine modified 100 mg GC,MO	2	B vs D
cyclosporine modified 25 mg GC,MO	1	B vs D
CYSTADANE ORAL POWDER MO	3	
CYSTAGON 150 MG CAP MO	3	
CYSTAGON 50 MG CAP MO	3	
DEMSER 250 MG CAP MO	3	
denta 5000 plus 1.1 % cream GC,MO	1	
dentagel 1.1 % GC,MO	1	
dexrazoxane 250 mg vial GC,MO	1	B vs D
dexrazoxane 500 mg vial GC,MO	1	B vs D
disulfiram 250 mg tablet GC,MO	2	
disulfiram 500 mg tablet MO	3	
ELMIRON 100 MG CAP MO	3	
ENBREL 25 MG (1 ML) SUB-Q KIT SP	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUB-Q SYRINGE SP	4	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUB-Q SYRINGE SP	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUB-Q PEN INJECTOR SP	4	PA,QL (8 per 28 days)
epiflur 0.25 mg fluoride (0.55 mg) chewable tab GC,MO	1	
epiflur 0.5 mg fluoride (1.1 mg) chewable tab GC,MO	1	
epiflur 1 mg fluoride (2.2 mg) chewable tab GC,MO	1	
ETHYOL 500 MG IV SOLUTION MO	4	B vs D

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etidronate disodium 200 mg tab GC,MO	2	
etidronate disodium 400 mg tab GC,MO	2	
EXTAVIA 0.3 MG SUB-Q KIT SP	4	PA,QL (15 per 30 days)
finasteride 5 mg tablet GC,MO	1	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUB-Q SYRINGE MO	4	PA,QL (9 per 30 days)
FLUORABON 0.25 MG FLUORIDE(0.55)/0.6 ML ORAL DROPS MO	3	
fluoride 0.25 mg tablet chew GC,MO	1	
fluoride 0.5 mg tablet chew GC,MO	1	
fluoride 1 mg chew tablet GC,MO	1	
fluoridex defense 1.1% gel GC,MO	1	
fluoridex whitening 1.1% gel GC,MO	1	
FLUORITAB 0.25 MG/DRP DROPS MO	3	
fluoritab 0.5 mg fluoride (1.1 mg) chewable GC,MO	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG) CHEWABLE MO	3	
FLURA-DROPS 0.25 MG FLUORIDE (0.55)/DROP ORAL MO	3	
fomepizole 1.5 gm/1.5 ml vial GC,MO	1	
FUSILEV 50 MG IV SOLUTION SP	3	PA
gel-kam 0.63% dental rinse GC,MO	1	
gengraf 100 mg cap GC,MO	2	B vs D
gengraf 100 mg/ml oral soln GC,MO	2	B vs D
gengraf 25 mg cap GC,MO	2	B vs D
HONEY BEE VENOM PROTEIN VL MO	3	
HONEY BEE VENOM TREATMNT KT MO	3	
HUMIRA 20 MG/0.4 ML SUB-Q KIT SP	4	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUB-Q KIT SP	4	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBQ KIT SP	4	PA,QL (6 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	4	PA,QL (6 per 28 days)
JALYN 0.5 MG-0.4 MG 24 HR CAP GC,MO	2	QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TAB SP	4	PA
leflunomide 10 mg tablet GC,MO	1	QL (30 per 30 days)
leflunomide 20 mg tablet GC,MO	1	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl GC,MO	1	B vs D
leucovorin calcium 10 mg tab GC,MO	1	
leucovorin calcium 100 mg vl GC,MO	1	B vs D
leucovorin calcium 15 mg tab GC,MO	1	
leucovorin calcium 200 mg vl GC,MO	1	B vs D
leucovorin calcium 25 mg tab GC,MO	1	
leucovorin calcium 350 mg vl GC,MO	1	B vs D
leucovorin calcium 5 mg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin calcium 50 mg v1 GC,MO	1	B vs D
leucovorin calcium 500 mg v1 GC,MO	1	B vs D
levocarnitine 100 mg/ml soln GC,MO	2	B vs D
levocarnitine 200 mg/ml vial GC,MO	2	B vs D
levocarnitine 330 mg tablet GC,MO	2	B vs D
lozi-flur 1 mg fluoride (2.2 mg) lozenges GC,MO	1	
ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tab GC,MO	1	
ludent fluoride 0.5 mg fluoride (1.1 mg) chewable tab GC,MO	1	
ludent fluoride 1 mg fluoride (2.2 mg) chewable tab GC,MO	1	
mesna 100 mg/ml vial MO	3	B vs D
MESNEX 100 MG/ML IV MO	4	B vs D
MESNEX 400 MG TAB MO	3	
methylene blue 1% ampul GC,MO	1	
mycophenolate 250 mg capsule GC,MO	1	B vs D
mycophenolate 500 mg tablet GC,MO	1	B vs D
MYFORTIC 180 MG TAB GC,MO	2	B vs D
MYFORTIC 360 MG TAB GC,MO	2	B vs D
MYOBLOC 10,000 UNIT/2 ML IM SP	3	PA
MYOBLOC 2,500 UNIT/0.5 ML IM SP	3	PA
MYOBLOC 5,000 UNIT/ML IM SP	3	PA
neutragard advanced 1.1% gel GC,MO	1	
neutragard gel GC,MO	1	
neutral sodium fluoride GC,MO	1	
NEXAVIR 25.5 MG/ML INJECTION MO	3	
NULOJIX 250 MG IV SOLUTION SP	4	PA,QL (20 per 30 days)
octreotide 1,000 mcg/ml vial GC,MO	2	PA
octreotide acet 100 mcg/ml syr GC,SP	2	PA
octreotide acet 100 mcg/ml v1 GC,MO	2	PA
octreotide acet 200 mcg/ml v1 GC,MO	2	PA
octreotide acet 50 mcg/ml syr GC,SP	2	PA
octreotide acet 50 mcg/ml vial GC,MO	2	PA
octreotide acet 500 mcg/ml amp GC,MO	2	PA
octreotide acet 500 mcg/ml syr GC,SP	2	PA
ORFADIN 10 MG CAP MO	4	
ORFADIN 2 MG CAP MO	4	
ORFADIN 5 MG CAP MO	4	
ORTHOCLONE OKT3 1 MG/ML IV SP	4	B vs D
pamidronate 30 mg/10 ml vial GC,MO	2	B vs D,QL (30 per 21 days)
pamidronate 60 mg/10 ml vial GC,MO	2	B vs D,QL (10 per 21 days)
pamidronate 90 mg/10 ml vial GC,MO	2	B vs D,QL (10 per 21 days)
pamidronate disod 30 mg vial GC,SP	2	B vs D,QL (3 per 21 days)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pamidronate disod 90 mg vial GC,SP	2	B vs D,QL (1 per 21 days)
PANHEMATIN 313 MG IV SOLUTION MO	4	
PERIO MED DENTAL RINSE MO	3	
PHOS-FLUR 1.1 % DENTAL GEL MO	3	
PREVIDENT 0.2 % DENTAL SOLN MO	3	
PREVIDENT 1.1 % GEL MO	3	
PREVIDENT 5000 BOOSTER 1.1 % DENTAL PASTE MO	3	
PREVIDENT 5000 DRY MOUTH 1.1 % GEL MO	3	
PREVIDENT 5000 ENAMEL PROTECT 1.1 %-5 % DENTAL PASTE MO	3	
PREVIDENT 5000 PLUS 1.1 % CREAM MO	3	
PREVIDENT 5000 SENSITIVE 1.1 %-5 % DENTAL PASTE MO	3	
PROGRAF 0.5 MG CAP MO	3	B vs D
PROGRAF 1 MG CAP MO	3	B vs D
PROGRAF 5 MG CAP MO	3	B vs D
PROGRAF 5 MG/ML IV MO	3	B vs D
PROLIA 60 MG/ML SUB-Q SYRINGE SP	3	PA,QL (60 per 180 days)
RAPAMUNE 0.5 MG TAB MO	3	B vs D
RAPAMUNE 1 MG TAB MO	3	B vs D
RAPAMUNE 1 MG/ML ORAL SOLN MO	3	B vs D
RAPAMUNE 2 MG TAB MO	3	B vs D
REBIF 22 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 30 days)
REBIF 44 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 30 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 30 days)
RECLAST 5 MG/100 ML IV SP	3	PA,QL (100 per 365 days)
REMICADE 100 MG IV SOLUTION SP	4	PA
renaf fluoride 0.25 mg tb chew GC,MO	1	
renaf fluoride 0.5 mg tab chew GC,MO	1	
renaf fluoride 1 mg tab chew GC,MO	1	
SANDOSTATIN 1,000 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 100 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 200 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 50 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 500 MCG/ML INJECTION MO	4	PA
SANDOSTATIN LAR DEPOT 10 MG IM KIT SP	4	PA
SANDOSTATIN LAR DEPOT 20 MG IM KIT SP	4	PA
SANDOSTATIN LAR DEPOT 30 MG IM KIT SP	4	PA
SENSIPAR 30 MG TAB GC,MO	2	QL (60 per 30 days)
SENSIPAR 60 MG TAB MO	4	QL (60 per 30 days)
SENSIPAR 90 MG TAB MO	4	QL (120 per 30 days)
sf 1.1 % dental gel GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sf 5000 plus 1.1 % dental cream GC,MO	1	
SIMULECT 10 MG IV SOLUTION MO	4	B vs D
SIMULECT 20 MG IV SOLUTION MO	4	B vs D
SKELID 240 MG TAB MO	3	
sodiphluor 0.5 mg/ml drops GC,MO	1	
sodium fluoride 0.5 mg/ml drop GC,MO	1	
sodium fluoride 1 mg (2.2 mg) GC,MO	1	
sodium nitrite 30 mg/ml vial GC,MO	1	
sodium thiosulfate 10% vial GC,MO	1	
sodium thiosulfate 25% vial GC,MO	1	
SOMATULINE DEPOT 120 MG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
stannous fluor 0.63% rinse GC,MO	1	
tacrolimus 0.5 mg capsule GC,MO	1	B vs D
tacrolimus 1 mg capsule GC,MO	1	B vs D
tacrolimus 5 mg capsule GC,MO	1	B vs D
THALOMID 100 MG CAP SP	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAP SP	4	PA,QL (60 per 30 days)
THALOMID 200 MG CAP SP	4	PA,QL (30 per 30 days)
THALOMID 50 MG CAP SP	4	PA,QL (30 per 30 days)
THYMOGLOBULIN 25 MG IV SOLUTION MO	4	B vs D
TYSABRI 300 MG/15 ML IV SP	4	PA
ULORIC 40 MG TAB GC,MO	2	ST,QL (30 per 30 days)
ULORIC 80 MG TAB GC,MO	2	ST,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUB-Q SP	4	PA,QL (1 per 28 days)
XIGRIS 20 MG IV SOLUTION MO	4	
XIGRIS 5 MG IV SOLUTION MO	3	
ZAVESCA 100 MG CAP SP	4	QL (90 per 30 days)
ZENAPAX 5 MG/ML VIAL MO	3	
ZINECARD 250 MG IV SOLUTION MO	4	B vs D
ZINECARD 500 MG IV SOLUTION MO	4	B vs D
ZOMETA 4 MG/100 ML IV MO	4	B vs D,QL (300 per 21 days)
ZOMETA 4 MG/5 ML IV SP	4	B vs D,QL (15 per 21 days)
ZORTRESS 0.25 MG TAB MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TAB MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.75 MG TAB MO	3	B vs D,QL (60 per 30 days)
ZYLOPRIM 100 MG TAB MO	3	
ZYLOPRIM 300 MG TAB MO	3	
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERTS MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERGOTRATE 0.2 MG TABLET MO	3	
ERGOTRATE 0.2 MG/ML AMPULE MO	3	
HEMABATE 250 MCG/ML IM MO	3	
METHERGINE 0.2 MG TAB MO	3	
METHERGINE 0.2 MG/ML (1 ML) INJECTION MO	3	
methylergonovine 0.2 mg tablet GC,MO	2	
methylergonovine 0.2 mg/ml amp GC,MO	2	
oxytocin 10 units/ml vial GC,MO	1	
PITOCIN 10 UNIT/ML INJECTION MO	3	
PREPIDIL 0.5 MG/3 G VAGINAL GEL MO	3	
PROSTIN E2 20 MG VAGINAL SUPPOSITORY MO	3	
PHARMACEUTICAL AIDS		
FORMA-RAY 20 % SOLN GC,MO	1	
GAUZE PAD 3" X 3" BANDAGE GC,MO	1	
STERILE BANDAGE ROLL 2.25 "X3YD GC,MO	1	
STERILE GAUZE PAD 2" X 2" BANDAGE GC,MO	1	
STERILE GAUZE PAD 3" X 3" BANDAGE GC,MO	1	
STERILE GAUZE PAD 4" X 4" BANDAGE GC,MO	1	
STERILE PADS 2" X 2" BANDAGE GC,MO	1	
STERILE PADS 3" X 3" BANDAGE GC,MO	1	
STERILE PADS 4" X 4" BANDAGE GC,MO	1	
STERILE PADS BANDAGE GC,MO	1	
STERILE STRETCH GAUZE BANDAGE 2" X 2 YARD GC,MO	1	
STERILE STRETCH GAUZE BANDAGE 3" X 147" GC,MO	1	
VEHICLE/N MILD TOPICAL SOLN MO	3	
VEHICLE/N TOPICAL SOLN MO	3	
RESPIRATORY TRACT AGENTS		
ACCOLATE 10 MG TAB GC,MO	2	QL (60 per 30 days)
ACCOLATE 20 MG TAB GC,MO	2	QL (60 per 30 days)
acetylcysteine 10% vial GC,MO	2	B vs D
acetylcysteine 20% vial GC,MO	2	B vs D
ARALAST 1,000 MG VIAL SP	4	PA
ARALAST NP 1,000 MG IV SUSP SP	4	PA
ARALAST NP 500 MG IV SUSP SP	4	PA
crolom 4% eye drops GC,MO	1	
cromolyn 20 mg/2 ml neb soln GC,MO	2	B vs D
cromolyn 4% eye drops GC,MO	1	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSP MO	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSP MO	4	
DALIRESP 500 MCG TAB MO	3	QL (30 per 30 days)
GASTROCROM 100 MG/5 ML ORAL SOLN MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLASSIA 1 GRAM/50 ML (2 %) IV SP	4	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSP MO	3	
INTAL INHALER MO	3	
PROLASTIN 1,000 MG IV SUSP SP	4	PA
PROLASTIN 500 MG IV SUSP SP	4	PA
PROLASTIN C 1,000 MG IV SUSP SP	4	PA
SINGULAIR 10 MG TAB MO	3	ST,QL (30 per 30 days)
SINGULAIR 4 MG CHEWABLE TAB MO	3	ST,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET MO	3	ST,QL (30 per 30 days)
SINGULAIR 5 MG CHEWABLE TAB MO	3	ST,QL (30 per 30 days)
SURVANTA 25 MG/ML INTRATRACHEAL SUSP MO	3	
XOLAIR 150 MG SUB-Q SOLN SP	4	PA,QL (750 per 28 days)
zafirlukast 10 mg tablet GC,MO	2	QL (60 per 30 days)
zafirlukast 20 mg tablet GC,MO	2	QL (60 per 30 days)
ZEMAIRA 1,000 MG IV SUSP SP	4	PA
ZYFLO CR 600 MG 12 HR TAB MO	3	QL (120 per 30 days)
SERUMS, TOXOIDS, AND VACCINES		
ACTHIB 10 MCG/0.5 ML IM MO	3	
ADACEL (ADOLESCENT & ADULT) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	3	
ADACEL (ADOLESCENT & ADULT) 2 LF-(5-3-5MCG)-5 LF/0.5ML IM SYRINGE MO	3	
ALBENZA 200 MG TAB GB,MO	3	
antivenin micrurus fulvius GC,MO	1	
ATTENUVAX VACCINE W-DILUENT MO	3	
BCG VACCINE (TICE STRAIN) VIAL MO	3	B vs D
BILTRICIDE 600 MG TAB MO	3	
BOOSTRIX 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SUSP MO	3	
BOOSTRIX 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SYRINGE GB,MO	3	
carimune nf nanofiltered 12 g iv solution SP	4	PA
carimune nf nanofiltered 3 gram iv solution SP	4	PA
carimune nf nanofiltered 6 gram iv solution SP	4	PA
CERVARIX VACCINE 20 MCG-20 MCG/0.5 ML IM SUSP GB,MO	3	
CERVARIX VACCINE 20 MCG-20 MCG/0.5 ML IM SYRINGE GB,MO	3	
COMVAX 5 MCG-7.5 MCG-125 MCG/0.5 ML IM GB,MO	3	
CYTOGAM 50 MG/ML IV SP	4	
DAPTACEL (PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP GB,MO	3	
DECAVAC 5 LF UNIT-2 LF UNIT/0.5 ML IM SUSP MO	3	
DECAVAC 5 LF UNIT-2 LF UNIT/0.5 ML IM SYRINGE MO	3	
DIGIBIND 38 MG VIAL MO	4	
DIGIFAB 40 MG IV SOLUTION MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diphtheria-tetanus tox-ped MO	3	
ENGERIX-B (PF) 10 MCG/0.5 ML IM SUSP GB,MO	3	B vs D
ENGERIX-B (PF) 10 MCG/0.5 ML IM SYRINGE GB,MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SUSP MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SYRINGE GB,MO	3	B vs D
flebogamma 5% vial SP	4	PA
FLEBOGAMMA DIF 10 % IV SP	4	PA
flebogamma dif 5 % iv SP	4	PA
FLUARIX 2009-10 SYRINGE MO	3	
FLULALVAL 2009-10 VIAL MO	3	
FLUMIST NASAL 2009-10 VACCINE MO	3	
FLUVIRIN 2009-2010 SYRINGE MO	3	
FLUVIRIN 2009-2010 VIAL MO	3	
FLUZONE 2009-10 SYRINGE MO	3	
FLUZONE 2009-10 VIAL MO	3	
FLUZONE HIGH-DOSE 2009-10 SYR MO	3	
FLUZONE PEDI 2009-10 SYRINGE MO	3	
GAMASTAN S/D 15 %-18 % RANGE IM SP	3	PA
GAMASTAN S/D SYRINGE SP	3	PA
gammagard liquid 10 % iv SP	4	PA
GAMMAGARD S-D (IGA<1UG/ML) 10 GRAM IV SOLUTION SP	4	PA
GAMMAGARD S-D (IGA<1UG/ML) 5 GRAM IV SOLUTION SP	4	PA
GAMMAGARD S-D 0.5 GM VL W-ST SP	4	PA
GAMMAGARD S/D 10 GRAM IV SOLUTION SP	4	PA
GAMMAGARD S/D 2.5 G IV SOLUTION SP	4	PA
GAMMAGARD S/D 5 GRAM IV SOLUTION SP	4	PA
GAMMAKED 1 GRAM/10 ML (10 %) INJECTION SP	4	PA
GAMMAKED 10 GRAM/100 ML (10 %) INJECTION SP	4	PA
GAMMAKED 2.5 GRAM/25 ML (10 %) INJECTION SP	4	PA
GAMMAKED 20 GRAM/200 ML (10 %) INJECTION SP	4	PA
GAMMAKED 5 GRAM/50 ML (10 %) INJECTION SP	4	PA
gammaplex 5 % iv SP	4	PA
GAMUNEX 10 % IV SP	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SP	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION SP	4	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION SP	4	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION SP	4	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION SP	4	PA
GARDASIL 20MCG-40MCG-40MCG-20MCG/0.5ML IM SUSP MO	3	QL (3 per 365 days)
GARDASIL 20MCG-40MCG-40MCG-20MCG/0.5ML IM SYRINGE MO	3	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SUSP MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SYRINGE MO	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SUSP MO	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SYRINGE MO	3	
HEPAGAM B >312 UNIT/ML (5 ML) INJECTION MO	3	
HEPAGAM B >312 UNIT/ML INJECTION MO	3	
HIBERIX 10 MCG/0.5 ML IM MO	3	
HIZENTRA 1 GRAM/5 ML (20 %) SUB-Q SP	3	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUB-Q SP	4	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUB-Q SP	4	PA
HYPERRAB S/D (PF) 150 UNIT/ML IM MO	3	
HYPERRAB S/D SYRINGE MO	3	
HYPERRHO S/D 300 MCG IM SYRINGE MO	3	
hyperrho s/d 50 mcg im syringe MO	3	
HYPERTET S/D (PF) 250 UNIT IM SYRINGE MO	3	
IMOGLAM RABIES-HT (PF) 150 UNIT/ML IM MO	3	
IMOVAX RABIES VACCINE 2.5 UNIT IM SOLUTION GC,MO	2	
INFANRIX (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML IM SUSP MO	3	
INFANRIX (PF) 25 LF UNIT-58MCG-10 LF/0.5ML IM SYRINGE MO	3	
INFLUENZA A (H1N1) 2009 SPRAY MO	3	
INFLUENZA A (H1N1) 2009 SYR MO	3	
INFLUENZA A (H1N1) 2009 VIAL MO	3	
IPOV 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSP FOR INJECTION MO	3	
IPOV 40 UNIT-8 UNIT-32 UNIT/0.5 ML SYRINGE MO	3	
IXIARO (PF) 6 MCG/0.5 ML IM SYRINGE MO	3	
JE-VAX SUB-Q SOLN MO	3	
KINRIX 25 LF-58 MCG-10 LF/0.5 ML IM SUSP MO	3	
KINRIX 25 LF-58 MCG-10 LF/0.5 ML IM SYRINGE MO	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUB-Q SUSP MO	3	
mebendazole 100 mg tab chew GC,MO	1	
MENACTRA (PF) 4 MCG/0.5 ML IM MO	3	
MENACTRA 4 MCG/0.5 ML SYRINGE MO	3	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUB-Q SOLN MO	3	
MENOMUNE - A/C/Y/W-135 50 MCG SUB-Q SOLN MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT MO	3	
MERUVAX II VACCINE-DILUENT MO	3	
MICRHOGAM ULTRA-FILTERED 50 MCG IM SYRINGE MO	3	
MICRHOGAM ULTRA-FILTERED PLUS 50 MCG IM SYRINGE MO	3	
MUMPSVAX VACCINE-DILUENT MO	3	
NABI-HB >1,560 UNIT/5 ML IM MO	3	
NABI-HB >312 UNIT/ML IM MO	3	
OCTAGAM 5% VIAL SP	4	PA

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 IM SYRINGE MO	3	B vs D
PEDIARIX 0.5 ML VIAL MO	3	B vs D
PEDVAX HIB (PF) 7.5 MCG/0.5 ML IM MO	3	
PENTACEL 15 LF UNIT-20 MCG-5 LF /0.5ML IM KIT MO	3	
PREVNAR 13 0.5 ML IM SYRINGE MO	3	
privigen 10 % iv SP	4	PA
PROQUAD 10EXP3-4.3-3-3.99TCID50/0.5ML SUB-Q MO	3	
RABAVERT (PF) 2.5 UNIT IM KIT GC,MO	2	
RECOMBIVAX HB (PF) 10 MCG/ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SYRINGE MO	3	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SUSP MO	3	B vs D
RHOGAM ULTRA-FILTERED 300 MCG IM SYRINGE MO	3	
RHOGAM ULTRA-FILTERED PLUS 300 MCG IM SYRINGE MO	3	
RHOPHYLAC 300 MCG/2 ML SYRINGE MO	3	
ROTARIX 10EXP6 CCID50/ML ORAL SUSP MO	3	
ROTAEQ VACCINE 2 ML ORAL SUSP MO	3	
STROMECTOL 3 MG TAB MO	3	
tetanus diphtheria toxoids MO	3	
tetanus toxoid adsorbed vial MO	3	
THERACYS 81 MG INTRAVESICAL SUSP MO	3	B vs D
TICE BCG 50 MG INTRAVESICAL SUSP MO	3	
TRIHIBIT PRESERVATIVE FREE 6.7 LF-46.8 MCG-5 LF-10 MCG IM KIT MO	3	
TRIPEDIA (PF) 6.7 LF UNIT-46.8 MCG-5/0.5 ML IM SUSP MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SUSP MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SYRINGE MO	3	
TYPHIM VI 25 MCG/0.5 ML IM MO	3	
TYPHIM VI 25 MCG/0.5 ML IM SYRINGE MO	3	
VAQTA (PF) 25 UNIT/0.5 ML IM SUSP MO	3	
VAQTA (PF) 50 UNIT/ML IM SUSP MO	3	
VAQTA 50 UNITS/ML SYRINGE MO	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUB-Q SOLN GC,MO	2	
VIVAGLOBIN 16 % (160 MG/ML) SUB-Q SP	4	PA
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION GC,MO	1	
WINRHO SDF 15,000 UNIT/13 ML INJECTION GC,MO	1	
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION GC,MO	1	
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION GC,MO	1	
YF-VAX 10 EXP4.74 UNIT/0.5 ML SUB-Q SUSP MO	3	
ZOSTAVAX 19,400 UNIT SUB-Q SOLN MO	3	QL (1 per 365 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAP MO	4	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acid jelly 0.921 %-0.7 %-0.025 % vaginal gel GC,MO	1	
acticin 5% cream GC,MO	1	
ACZONE 5 % TOPICAL GEL MO	3	
adapalene 0.1% cream GC,MO	2	
adapalene 0.1% gel GC,MO	2	
AKNE-MYCIN 2 % OINTMENT MO	3	
ALA-CORT 1 % TOPICAL CREAM GC,MO	1	
ALA-SCALP 2 % LOTION GC,MO	1	
alclometasone diph 0.05% oint GC,MO	1	
alclometasone dipro 0.05% crm GC,MO	1	
ALCOHOL PADS GC,MO	1	
ALCOHOL PREP PADS GC,MO	1	
ALCOHOL PREP SWABS GC,MO	1	
ALCOHOL SWABS GC,MO	1	
ALCOHOL WIPES GC,MO	1	
aliclen 6 % shampoo GC,MO	1	
ALTABAX 1 % OINTMENT MO	3	
aluvea 40% cream GC,MO	1	
amcinonide 0.1% cream GC,MO	1	
amcinonide 0.1% lotion GC,MO	1	
amcinonide 0.1% ointment GC,MO	1	
AMERICAINE ANESTHETIC 20 % TOPICAL LUBRICANT MO	3	
ammonium lactate 12% cream GC,MO	1	
ammonium lactate 12% lotion GC,MO	1	
amnesteem 10 mg cap GC,MO	2	
amnesteem 20 mg cap GC,MO	2	
amnesteem 40 mg cap GC,MO	2	
ANACAINE 10 % OINTMENT MO	3	
ANUSOL-HC 2.5 % RECTAL CREAM GC,GB,MO	1	
apexicon 0.05 % ointment GC,MO	2	
apexicon e 0.05 % topical cream GC,MO	2	
AVC VAGINAL 15 % CREAM GC,MO	1	
AZELEX 20 % TOPICAL CREAM MO	3	
BACTROBAN 2 % OINTMENT MO	3	
BACTROBAN 2 % TOPICAL CREAM MO	3	
BD ALCOHOL SWAB TOPICAL PADS GC,MO	1	
bencort lotion GC,MO	1	
benprox 2.75% gel GC,MO	1	
benprox 5.25% gel GC,MO	1	
benprox 5.25% wash GC,MO	1	
bensal hp 3 %-6 % ointment GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENZAC AC 10 % TOPICAL GEL MO	3	
BENZAC AC 5 % TOPICAL GEL MO	3	
benzac ac wash 10 % topical cleanser GC,MO	1	
BENZAC AC WASH 5 % TOPICAL CLEANSER MO	3	
benzac w wash 10 % topical cleanser GC,MO	1	
BENZAC W WASH 5 % TOPICAL CLEANSER MO	3	
BENZA CLIN 1 %-5 % TOPICAL GEL MO	3	
BENZA CLIN CAREKIT MO	3	
BENZA CLIN PUMP 1 %-5 % TOPICAL GEL MO	3	
BENZA SHAVE 10% CREAM MO	3	
BENZA SHAVE 5% CREAM MO	3	
BENZIQ 5.25 % TOPICAL GEL MO	3	
BENZIQ 5.25 % TOPICAL SUSP MO	3	
BENZIQ LS 2.75 % TOPICAL GEL MO	3	
benzoin tincture GC,MO	1	
benzoyl perox 4% creamy wash GC,MO	1	
benzoyl perox 8% creamy wash GC,MO	1	
benzoyl peroxide 10% gel GC,MO	1	
benzoyl peroxide 10% wash GC,MO	1	
benzoyl peroxide 2.5% gel GC,MO	1	
benzoyl peroxide 2.5% wash GC,MO	1	
benzoyl peroxide 3% cleanser GC,MO	1	
benzoyl peroxide 3% pad GC,MO	1	
benzoyl peroxide 4% gel GC,MO	1	
benzoyl peroxide 4% lotion GC,MO	1	
benzoyl peroxide 4% wash kit GC,MO	1	
benzoyl peroxide 4.5% cleanser GC,MO	1	
benzoyl peroxide 4.5% pads GC,MO	1	
benzoyl peroxide 5% gel GC,MO	1	
benzoyl peroxide 5% wash GC,MO	1	
benzoyl peroxide 6% cleanser GC,MO	1	
benzoyl peroxide 6% pad GC,MO	1	
benzoyl peroxide 6.5% cleanser GC,MO	1	
benzoyl peroxide 6.5% pads GC,MO	1	
benzoyl peroxide 8% gel GC,MO	1	
benzoyl peroxide 8% lotion GC,MO	1	
benzoyl peroxide 8% wash kit GC,MO	1	
benzoyl peroxide 8.5% cleanser GC,MO	1	
benzoyl peroxide 8.5% pads GC,MO	1	
benzoyl peroxide 9% cleanser GC,MO	1	
benzoyl peroxide 9% pad GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETA-VAL 0.1% CREAM MO	3	
beta-val 0.1% lotion MO	3	
betamethasone dp 0.05% crm GC,MO	1	
betamethasone dp 0.05% lot GC,MO	1	
betamethasone dp 0.05% oint GC,MO	1	
betamethasone dp aug 0.05% crm GC,MO	2	
betamethasone dp aug 0.05% gel GC,MO	2	
betamethasone dp aug 0.05% lot GC,MO	2	
betamethasone dp aug 0.05% oin GC,MO	2	
betamethasone va 0.1% cream GC,MO	1	
betamethasone va 0.1% lotion GC,MO	1	
betamethasone valer 0.1% ointm GC,MO	1	
bp 10-1 10 %-1 % topical cleanser GC,MO	1	
bp 5.25 % topical susp GC,MO	1	
bpo 4 % topical gel GC,MO	1	
bpo 8 % topical gel GC,MO	1	
BREVOXYL-4 4 % TOPICAL GEL MO	3	
BREVOXYL-8 8 % TOPICAL GEL MO	3	
calcipotriene 0.005% ointment GC,MO	2	
calcipotriene 0.005% solution GC,MO	2	QL (60 per 30 days)
calcitrene 0.005 % ointment GC,MO	2	
CAPEX 0.01 % SHAMPOO MO	3	
capsicum tincture GC,MO	1	
CARAC 0.5 % TOPICAL CREAM MO	3	
CARMOL 10% SCALP LOTION MO	3	
carmol 40 cream GC,MO	1	
CARMOL 40 GEL MO	3	
CARMOL 40 LOTION MO	3	
CARMOL SCALP TREATMENT KIT MO	3	
CENTANY 2 % OINTMENT MO	3	
CENTANY AT 2 % OINTMENT TOPICAL KIT GC,MO	2	
cerisa 10 %-1 % topical cleanser GC,MO	1	
cerovel 40% gel GC,MO	1	
cerovel 40% lotion GC,MO	1	
CETACAINE MEDICAL KIT E 2 %-2 %-14 % TOPICAL MO	3	B vs D
cyclolan 8 % topical soln GC,MO	2	
ciclopirox 0.77% cream GC,MO	2	
ciclopirox 0.77% gel GC,MO	2	
ciclopirox 0.77% topical susp GC,MO	2	
ciclopirox 1% shampoo GC,MO	1	
ciclopirox 8 % kit GC,MO	2	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciclopirox 8% solution GC,MO	2	
claravis 10 mg cap GC,MO	2	
claravis 20 mg cap GC,MO	2	
claravis 30 mg cap GC,MO	2	
claravis 40 mg cap GC,MO	2	
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	3	
CLEOCIN 2 % VAGINAL CREAM MO	3	
CLEOCIN T 1 % LOTION MO	3	
CLEOCIN T 1 % SOLN MO	3	
CLEOCIN T 1 % TOPICAL GEL MO	3	
CLEOCIN T 1 % TOPICAL SWAB MO	3	
CLINAC BPO 7% GEL MO	3	
clinda-derm 1 % topical soln GC,MO	1	
clindacin p 1 % topical swab GC,MO	1	
CLINDAGEL 1 % TOPICAL MO	3	
clindamax 1 % lotion GC,MO	1	
clindamax 1 % topical gel GC,MO	1	
clindamycin 2% vaginal cream GC,MO	1	
clindamycin ph 1% gel GC,MO	1	
clindamycin ph 1% solution GC,MO	1	
clindamycin phos 1% pledge GC,MO	1	
clindamycin phosp 1% lotion GC,MO	1	
clindamycin phosphate 1% foam GC,MO	2	
clindamycin-benzoyl perox gel GC,MO	1	
CLINDAREACH 1 % TOPICAL KIT MO	3	
CLINDESSE 2 % VAGINAL CREAM GB,MO	3	
clindets 1% pledges GC,MO	1	
clobetasol 0.05% cream GC,MO	2	
clobetasol 0.05% gel GC,MO	2	
clobetasol 0.05% ointment GC,MO	1	
clobetasol 0.05% solution GC,MO	2	
clobetasol emollient 0.05% crm GC,MO	1	
clobetasol prop 0.05% foam GC,MO	2	
CLODERM 0.1 % TOPICAL CREAM MO	3	
clotrimazole 1% cream GC,MO	1	
clotrimazole 1% solution GC,MO	1	
clotrimazole 10 mg troche GC,MO	1	
clotrimazole-betamethasone crm GC,MO	1	
clotrimazole-betamethasone lot GC,MO	1	
CNL 8 NAIL 8 %-5 % TOPICAL KIT MO	3	
colocort 100 mg/60 ml enema GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CONDYLOX 0.5 % TOPICAL GEL MO	3	
CONDYLOX 0.5 % TOPICAL SOLN MO	3	
CONSTANT CLENS SPRAY MO	3	
CORDRAN 0.05 % LOTION MO	3	
CORDRAN 4 MCG/CM2 TAPE MO	3	
CORDRAN SP 0.05 % TOPICAL CREAM MO	3	
cormax 0.05 % ointment GC,MO	1	
cormax 0.05 % topical soln MO	3	
cortalo 2% gel MO	3	
CORTENEMA 100 MG/60 ML MO	3	
CORTIFOAM 10 % (80 MG) RECTAL MO	3	
CORTISPORIN 1 % OINTMENT MO	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
CURITY ALCOHOL SWABS GC,MO	1	
DEBACTEROL 30 %-50 % MUCOSAL SWAB MO	3	
DENAVIR 1 % TOPICAL CREAM GC,MO	2	
DERMA-SMOOTH/FS BODY OIL 0.01 % TOPICAL GB,MO	3	
DERMATOP 0.1 % OINTMENT GB,MO	3	
DERMATOP 0.1 % TOPICAL CREAM GB,MO	3	
DESONATE 0.05 % TOPICAL GEL MO	3	
desonide 0.05% cream GC,MO	1	
desonide 0.05% lotion GC,MO	1	
desonide 0.05% ointment GC,MO	1	
desoximetasone 0.05% cream MO	3	
desoximetasone 0.05% gel MO	3	
desoximetasone 0.25% cream MO	3	
desoximetasone 0.25% ointment MO	3	
DESQUAM-X 10 % TOPICAL CLEANSER MO	3	
desquam-x 5 % topical cleanser GC,MO	1	
diflorasone 0.05% cream GC,MO	2	
difloraSone 0.05% ointment GC,MO	2	
DOAK TAR DISTILLATE LIQUID MO	3	
DOVONEX 0.005 % TOPICAL CREAM MO	3	QL (120 per 30 days)
DOVONEX 0.005 % TOPICAL SOLN MO	3	QL (60 per 30 days)
DRITHO-SCALP 0.5 % TOPICAL CREAM MO	3	
DRITHOCREME HP 1 % TOPICAL MO	3	
DRYSOL DAB-O-MATIC 20 % TOPICAL SOLN MO	3	
DUAC CS CONVENIENCE KIT MO	3	
DURASAL 26 % TOPICAL LIQUID MO	3	
econazole nitrate 1% cream GC,MO	1	
ELIDEL 1 % TOPICAL CREAM MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELOCON 0.1 % LOTION GB,MO	3	
ELOCON 0.1 % OINTMENT GB,MO	3	
ELOCON 0.1 % TOPICAL CREAM MO	3	
emgel 2 % topical GC,MO	1	
EMLA 2.5 %-2.5 % TOPICAL CREAM GB,MO	3	B vs D
EPIDUO 0.1 %-2.5 % TOPICAL GEL MO	3	
ery pads 2 % topical swab GC,MO	1	
erythromycin 2% gel GC,MO	1	
erythromycin 2% pledges GC,MO	1	
erythromycin 2% solution GC,MO	1	
erythromycin-benzoyl gel GC,MO	2	
EURAX 10 % LOTION MO	3	
EURAX 10 % TOPICAL CREAM GB,MO	3	
EXELDERM 1 % TOPICAL CREAM GB,MO	3	
EXELDERM 1 % TOPICAL SOLN GB,MO	3	
exoderm 25 %-1 % lotion GC,MO	1	
EXTINA 2 % TOPICAL FOAM MO	3	
FEM PH 0.9 %-0.025 % VAGINAL GEL MO	3	
fluocinolone 0.01% cream GC,MO	1	
fluocinolone 0.01% solution GC,MO	1	
fluocinolone 0.025% cream GC,MO	1	
fluocinolone 0.025% oint GC,MO	1	
fluocinonide 0.05% cream GC,MO	1	
fluocinonide 0.05% gel GC,MO	1	
fluocinonide 0.05% ointment GC,MO	1	
fluocinonide 0.05% solution GC,MO	1	
fluocinonide-e 0.05 % topical cream GC,MO	1	
fluocinonide-emol 0.05% cream GC,MO	1	
FLUOROPLEX 1 % TOPICAL CREAM MO	3	
fluorouracil 2% topical soln GC,MO	2	
fluorouracil 5% cream GC,MO	2	
fluorouracil 5% top solution GC,MO	2	
fluticasone prop 0.005% oint GC,MO	1	
fluticasone prop 0.05% cream GC,MO	1	
FORMADON 10 % TOPICAL SOLN MO	3	
formadon 10 % topical solution with applicator MO	3	
formalaz 10% solution GC,MO	1	
formaldehyde 10% solution GC,MO	1	
gentamicin 0.1% cream GC,MO	1	
gentamicin 0.1% ointment GC,MO	1	
GLUCOPRO ALCOHOL TOPICAL PADS GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GORDOFILM 16.7 %-16.7 % TOPICAL SOLN MO	3	
GORDONS UREA 22 % OINTMENT MO	3	
GORDONS UREA 40 % OINTMENT MO	3	
GUAIACOL LIQUID PURIFIED MO	3	
GYNAZOLE-1 2 % VAGINAL CREAM MO	3	
halac 0.05 %-12 % topical pack, ointment & lotion GC,MO	2	
halobetasol prop 0.05% cream GC,MO	2	
halobetasol prop 0.05% ointmt GC,MO	2	
HALOG 0.1 % OINTMENT MO	3	
HALOG 0.1 % TOPICAL CREAM MO	3	
halonate 0.05 %-12 % topical pack, ointment & foam MO	3	
halonate pac 0.05 %-12 % topical pack, ointment & lotion GC,MO	2	
HALOTIN 1% CREAM MO	3	
helistat 3" x 4" sponge MO	3	
HYDRO 40 40 % TOPICAL FOAM MO	3	
hydrocortisone 0.1% soln GC,MO	1	
hydrocortisone 1% absorbase GC,MO	1	
hydrocortisone 1% cream GC,MO	1	
hydrocortisone 1% lotion GC,MO	1	
hydrocortisone 1% ointment GC,MO	1	
hydrocortisone 100 mg enema GC,MO	1	
hydrocortisone 2.5% cream GC,MO	1	
hydrocortisone 2.5% lotion GC,MO	1	
hydrocortisone 2.5% ointment GC,MO	1	
hydrocortisone acetate 2% gel GC,MO	1	
hydrocortisone buty 0.1% cream GC,MO	1	
hydrocortisone butyr 0.1% oint GC,MO	1	
hydrocortisone val 0.2% cream GC,MO	1	
hydrocortisone val 0.2% ointmt GC,MO	1	
hypercare 20 % topical soln GC,MO	1	
imiquimod 5% cream packet MO	3	QL (12 per 30 days)
INOVA 4 %-5 % TOPICAL COMBO PACK MO	3	
INOVA 4-1 1 %-4 %-5 % TOPICAL COMBO PACK MO	3	
IV PREP WIPES MEDICATED GC,MO	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	3	
KEPIVANCE 6.25 MG SOLUTION SP	4	
KERAFOAM 30 % TOPICAL FOAM MO	3	
KERAFOAM 42 % TOPICAL FOAM MO	3	
keralac 50 % topical cream GC,MO	1	
KERALAC NAILSTIK MO	3	
KERALAC OINTMENT MO	3	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KERALYT RX 6 % TOPICAL GEL MO	3	
keratol plus 50% gel GC,MO	2	
KEROL 42% REDI-CLOTHS MO	3	
ketoconazole 2% cream GC,MO	1	
ketoconazole 2% foam MO	3	
ketoconazole 2% shampoo GC,MO	1	
KLARON 10 % TOPICAL SUSP GB,MO	3	
kuric 2% cream GC,MO	1	
LAC-HYDRIN 12 % LOTION MO	3	
LAC-HYDRIN 12 % TOPICAL CREAM MO	3	
laclotion 12 % GC,MO	2	
lavoclen-4 (new cleanser) 4 % topical kit GC,MO	1	
lavoclen-4 4 % topical cleanser GC,MO	1	
lavoclen-8 (new cleanser) 8 % topical kit GC,MO	1	
lavoclen-8 8 % topical cleanser GC,MO	1	
LAZERFORMALYDE 10 % TOPICAL SOLUTION WITH APPLICATOR GC,MO	1	
LEVULAN 20 % TOPICAL SOLN MO	3	
LIDAMANTLE HC 3 %-0.5 % TOPICAL CREAM MO	3	
LIDAMANTLE HC LOTION MO	3	B vs D
lidocaine 3% cream GC,MO	1	
lidocaine 5% ointment GC,MO	1	B vs D
lidocaine hcl 3% lotion GC,MO	1	
lidocaine-hc 3-0.5% cream GC,MO	2	
lidocaine-hc 3-0.5% cream kit GC,MO	2	
lidocaine-hc 3-0.5% cream kit GC,MO	2	
lidocaine-hc 3-0.5% lotion GC,MO	2	B vs D
lidocaine-hc 3-1% cream kit GC,MO	2	
lidocaine-prilocaine cream GC,MO	2	B vs D
LIDODERM 5 % (700 MG/PATCH) ADHESIVE PATCH MO	3	PA,QL (90 per 30 days)
lindane 1% lotion GC,MO	2	
lindane 1% shampoo GC,MO	2	
LOCOID 0.1 % LOTION MO	3	
LOCOID 0.1 % OINTMENT MO	3	
LOCOID 0.1 % TOPICAL CREAM MO	3	
LOCOID 0.1 % TOPICAL SOLN MO	3	
LOCOID LIPOCREAM 0.1 % TOPICAL MO	3	
lokara 0.05 % lotion GC,MO	1	
LOTRISONE 1 %-0.05 % LOTION GB,MO	3	
LOTRISONE 1 %-0.05 % TOPICAL CREAM GB,MO	3	
ITA PRE-ATTACHED 4 % TOPICAL SOLN MO	3	B vs D
lugols 5 %-10 % topical soln GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
malathion 0.5% lotion GC,MO	1	
MENTAX 1 % TOPICAL CREAM GB,MO	3	
METROCREAM 0.75 % TOPICAL MO	3	PA
metronidazole 0.75% cream GC,MO	1	
metronidazole 0.75% lotion GC,MO	1	
metronidazole topical 0.75% gl GC,MO	1	
metronidazole vaginal 0.75% gl GC,MO	1	
METVIXIA 16.8 % (168 MG/GRAM) TOPICAL CREAM MO	3	
miconazole-3 200 mg vaginal suppository GC,MO	1	
mometasone furoate 0.1% cream GC,MO	1	
mometasone furoate 0.1% oint GC,MO	1	
mometasone furoate 0.1% soln GC,MO	1	
mupirocin 2% ointment GC,MO	1	
NAFTIN 1 % TOPICAL CREAM GC,MO	2	
NAFTIN 1 % TOPICAL GEL GC,MO	2	
NEOBENZ MICRO 3.5% CREAM MO	3	
NEOBENZ MICRO 5.5% CREAM MO	3	
NEOBENZ MICRO 8.5% CREAM MO	3	
NEOBENZ MICRO CREAM PLUS PACK 5.5 % TOPICAL KIT MO	3	
NEOBENZ MICRO SD 3.5% CREAM MO	3	
NEOBENZ MICRO SD 5.5 % TOPICAL CREAM PACKET MO	3	
NEOBENZ MICRO SD 8.5% CREAM MO	3	
neomy-polymyxin b 40 mg/ml amp GC,MO	2	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML MO	3	
NIZORAL 2 % SHAMPOO GB,MO	3	
NORITATE 1 % TOPICAL CREAM MO	3	
nuzole 2 % topical cream GC,MO	2	
NUZON GEL MO	3	
nyamyc 100,000 unit/g topical powder GC,MO	1	
nystatin 100,000 unit/gm cream GC,MO	1	
nystatin 100,000 unit/gm powd GC,MO	1	
nystatin 100,000 units/gm oint GC,MO	1	
NYSTATIN 50 MILLION UNITS PWD GC,MO	1	
nystatin vaginal tablet GC,MO	1	
nystatin-triamcinolone cream GC,MO	1	
nystatin-triamcinolone ointm GC,MO	1	
nystop 100,000 unit/g topical powder GC,MO	1	
OLUX-E 0.05 % TOPICAL FOAM MO	3	
OLUX-OLUX-E COMPLETE PACK MO	3	
oralone 0.1 % dental paste GC,MO	1	
oscion 3 % topical cleanser GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oscion 3 % topical pads GC,MO	1	
oscion 6 % topical cleanser GC,MO	1	
oscion 6 % topical pads GC,MO	1	
oscion 9 % topical cleanser GC,MO	1	
oscion 9 % topical pads GC,MO	1	
OVACE PLUS 10% SHAMPOO MO	3	
OVIDE 0.5 % LOTION GB,MO	3	
OXALIS OINTMENT MO	3	
OXISTAT 1 % LOTION MO	3	
OXISTAT 1 % TOPICAL CREAM MO	3	
OXSORALEN 1 % LOTION MO	3	
OXSORALEN ULTRA 10 MG CAP MO	4	
PAIN EASE TOPICAL SPRAY MO	3	
PANDEL 0.1 % TOPICAL CREAM MO	3	
PANRETIN 0.1 % TOPICAL GEL MO	4	
pedi-dri 100,000 unit/g topical powder GC,MO	1	
permethrin 5% cream GC,MO	1	
phenazopyridine 100 mg tab GC,MO	1	
phenazopyridine 200 mg tab GC,MO	1	
podocon 25 % topical liquid GC,MO	2	
podofilox 0.5% topical soln GC,MO	2	
PONTOCAINE 2 % TOPICAL SOLN MO	3	
pramox 1% gel GC,MO	1	
prednicarbate 0.1% cream GC,MO	1	
prednicarbate 0.1% ointment GC,MO	1	
procto-pak 1 % rectal cream GC,MO	1	
PROCTOCORT 1 % RECTAL CREAM GC,GB,MO	1	
proctocream-hc 2.5 % rectal GC,MO	1	
proctosol hc 2.5 % rectal cream GC,MO	1	
proctozone-hc 2.5 % rectal cream GC,MO	1	
PYRIDIUM 100 MG TABLET MO	3	
PYRIDIUM 200 MG TAB MO	3	
PYROGALLIC ACID 25 %-2 % OINTMENT MO	3	
re 40 gel GC,MO	1	
re benzoyl peroxide 3.5% cream GC,MO	1	
re benzoyl peroxide 5.5% cream GC,MO	1	
re benzoyl peroxide 8.5% cream GC,MO	1	
re sa 6% cream GC,MO	1	
re sa 6% lotion GC,MO	1	
re urea 40 lotion GC,MO	1	
re-u40 foam GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REGRANEX 0.01 % TOPICAL GEL MO	4	
relagard 0.9 %-0.025 % vaginal gel GC,MO	1	
remeven 50 % topical cream GC,MO	1	
RIMSO-50 50 % INTRAVESICAL GC,MO	1	
ROSAC WASH MO	3	
ROSULA 10 %-5 %-10 % TOPICAL CLEANSER MO	3	
ROSULA AQUEOUS GEL MO	3	
ROSULA NS MEDICATED PADS MO	3	
salacyn 6 % lotion GC,MO	1	
SALEX 6 % SHAMPOO MO	3	
salicylic acid 6% cream GC,MO	1	
salicylic acid 6% gel GC,MO	1	
salicylic acid 6% lotion GC,MO	1	
salicylic acid 6% shampoo GC,MO	1	
salitop 6% cream GC,MO	1	
salitop 6% lotion GC,MO	1	
SANTYL 250 UNIT/G OINTMENT MO	3	
scalacort 2% lotion GC,MO	1	
scalp treatment kit GC,MO	1	
selenium sulfide 2.25% shampoo GC,MO	1	
selenium sulfide 2.5% lotion GC,MO	1	
selenos 2.25% shampoo GC,MO	1	
SELSEB 2.25% SHAMPOO MO	3	
SILVADENE 1 % TOPICAL CREAM MO	3	
silver nitrate 0.5% soln GC,MO	1	
silver nitrate 10% ointment GC,MO	1	
silver nitrate 10% solution GC,MO	1	
silver nitrate 25% solution GC,MO	1	
silver nitrate 50% solution GC,MO	1	
silver sulfadiazine 1% crm GC,MO	1	
sod sulfacet-sulfur 10-5% gel GC,MO	2	
sodium sulfacetamide med pads GC,MO	1	
SOLARAZE 3 % TOPICAL GEL GC,MO	2	
SORIATANE 10 MG CAP MO	3	
SORIATANE 17.5 MG CAP MO	4	
SORIATANE 22.5 MG CAPSULE MO	4	
SORIATANE 25 MG CAP MO	4	
SORIATANE CK 10 MG KIT MO	3	
SORIATANE CK 25 MG KIT MO	4	
sotret 10 mg capsule GC,MO	2	
sotret 20 mg cap GC,MO	2	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOTRET 30 MG CAPSULE GC,MO	2	
sotret 40 mg capsule GC,MO	2	
SPRAY AND STRETCH TOPICAL MO	3	
SSD 1 % TOPICAL CREAM GC,MO	1	
SSD AF 1% CREAM GC,MO	1	
STELARA 45 MG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (3 per 84 days)
STELARA 45 MG/0.5 ML VIAL SP	4	PA,QL (3 per 84 days)
STELARA 90 MG/ML SUB-Q SYRINGE SP	4	PA,QL (3 per 84 days)
sulfacetamide sod 10% top susp GC,MO	1	
sulfacetamide sodium 10% lot GC,MO	1	
SULFAMYLYON 50 GRAM TOPICAL PACKET MO	3	
SULFAMYLYON 85 MG/G TOPICAL CREAM GB,MO	3	
sulfatol cleanser GC,MO	1	
sulfatol gel GC,MO	1	
sulzee wash GC,MO	1	
SURE COMFORT ALCOHOL PREP PADS GC,MO	1	
SURE-PREP ALCHOLOL PREP PADS TOPICAL PADS GC,MO	1	
SYNERA 70 MG-70 MG PATCH MO	3	B vs D
TACLONEX 0.005 %-0.064 % OINTMENT MO	3	
TARGETIN 1 % TOPICAL GEL SP	4	PA
TAZORAC 0.05 % TOPICAL CREAM MO	3	
TAZORAC 0.05 % TOPICAL GEL MO	3	
TAZORAC 0.1 % TOPICAL CREAM MO	3	
TAZORAC 0.1 % TOPICAL GEL MO	3	
TERAZOL 3 0.8 % VAGINAL CREAM GB,MO	3	
TERAZOL 3 80 MG VAGINAL SUPPOSITORY MO	3	
TERAZOL 7 0.4 % VAGINAL CREAM MO	3	
terconazole 0.4% cream GC,MO	1	
terconazole 0.8% cream GC,MO	1	
terconazole 80 mg suppository GC,MO	1	
TEXACORT 2.5 % TOPICAL SOLN MO	3	
THERMAZENE 1 % TOPICAL CREAM GC,MO	1	
tretinoin 0.01% gel GC,MO	2	PA
tretinoin 0.025% cream GC,MO	2	PA
tretinoin 0.025% gel GC,MO	2	PA
tretinoin 0.05% cream GC,MO	2	PA
tretinoin 0.1% cream GC,MO	2	PA
TRI-CHLOR 80 % TOPICAL SOLN MO	3	
triamcinolone 0.025% cream GC,MO	1	
triamcinolone 0.025% lotion GC,MO	1	
triamcinolone 0.025% oint GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triamcinolone 0.05% oint GC,MO	1	
triamcinolone 0.1% cream GC,MO	1	
triamcinolone 0.1% lotion GC,MO	1	
triamcinolone 0.1% ointment GC,MO	1	
triamcinolone 0.1% paste GC,MO	2	
triamcinolone 0.5% cream GC,MO	1	
triamcinolone 0.5% ointment GC,MO	1	
TRIAZ 3 % TOPICAL PADS MO	3	
TRIAZ 6 % TOPICAL PADS MO	3	
TRIAZ 9 % TOPICAL PADS MO	3	
TRIAZ CLEANSER 3 % TOPICAL MO	3	
TRIAZ CLEANSER 6 % TOPICAL MO	3	
TRIAZ CLEANSER 9 % TOPICAL MO	3	
trichloroacetic acid 25% GC,MO	1	
trichloroacetic acid powder GC,MO	1	
triderm 0.1 % topical cream GC,MO	1	
TRIPLE DYE 2.29 MG-2.29 MG-1.14 MG/ML TOPICAL SWAB MO	3	
u-cort 1 %-10 % topical cream GC,MO	1	
u40 foam GC,MO	1	
ULTILET ALCOHOL SWAB GC,MO	1	
UMECTA 40 % TOPICAL MO	3	
umecta 40 % topical foam MO	3	
UMECTA 40 % TOPICAL SUSP MO	3	
UMECTA PD 40 % TOPICAL EMULSION MO	3	
UMECTA PD 40 % TOPICAL SUSPENSION MO	3	
URAMAXIN 20 % TOPICAL FOAM MO	3	
urea 35% lotion GC,MO	2	
urea 40 gel GC,MO	1	
urea 40 lotion GC,MO	1	
urea 40% cream GC,MO	1	
urea 40% gel GC,MO	1	
urea 40% lotion GC,MO	1	
urea 40% nail film susp GC,MO	1	
urea 42% cloths GC,MO	1	
urea 50% cream GC,MO	1	
urea 50% nail gel GC,MO	2	
urea 50% nail stick GC,MO	1	
urea 50% nailstik GC,MO	1	
urea 50% ointment GC,MO	1	
urealac 35% lotion GC,MO	2	
urealac 50% cream GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
urealac 50% nail gel GC,MO	2	
UVADEX 20 MCG/ML INJECTION MO	3	B vs D
VANDAZOLE 0.75 % VAGINAL GEL GC,GB,MO	1	
VANOS 0.1 % TOPICAL CREAM MO	3	
VANOXIDE-HC LOTION MO	3	
VELTIN 1.2 %-0.025 % TOPICAL GEL MO	3	
VERDESO 0.05 % TOPICAL FOAM MO	3	
VEREGEN 15 % OINTMENT MO	3	
VERSICLEAR 25 %-1 % LOTION MO	3	
vitazol 0.75 % topical cream MO	3	
WEBCOL TOPICAL PADS GC,MO	1	
WESTCORT 0.2 % OINTMENT GB,MO	3	
x-viate 40 % lotion GC,MO	1	
x-viate 40 % topical cream GC,MO	1	
x-viate 40 % topical gel GC,MO	1	
XERAC AC 6.25 % TOPICAL SOLN MO	3	
zaclir 4% cleansing lotion GC,MO	1	
zaclir 8% cleansing lotion GC,MO	1	
zazole 0.4 % vaginal cream GC,MO	1	
ZAZOLE 0.8 % VAGINAL CREAM GC,MO	1	
zazole 80 mg vaginal suppository GC,MO	1	
ZODERM 4.5% CLEANSER MO	3	
ZODERM 4.5% CREAM MO	3	
ZODERM 4.5% GEL MO	3	
ZODERM 4.5% REDI-PADS MO	3	
ZODERM 6.5% CLEANSER MO	3	
ZODERM 6.5% CREAM MO	3	
ZODERM 6.5% GEL MO	3	
ZODERM 6.5% REDI-PADS MO	3	
ZODERM 8.5% CLEANSER MO	3	
ZODERM 8.5% CREAM MO	3	
ZODERM 8.5% GEL MO	3	
ZODERM 8.5% REDI-PADS MO	3	
ZOVIRAX 5 % OINTMENT MO	3	
ZOVIRAX 5 % TOPICAL CREAM MO	3	ST
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	
SMOOTH MUSCLE RELAXANTS		
aminophylline 100 mg tablet GC,MO	1	
aminophylline 200 mg tablet GC,MO	1	
aminophylline 250 mg/10 ml v _l GC,MO	1	
aminophylline 500 mg/20 ml v _l GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DETROL 1 MG TAB GC,MO	2	QL (60 per 30 days)
DETROL 2 MG TAB GC,MO	2	QL (60 per 30 days)
DETROL LA 2 MG 24 HR CAP GC,MO	2	QL (30 per 30 days)
DETROL LA 4 MG 24 HR CAP GC,MO	2	QL (30 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML GC,MO	1	
ENABLEX 15 MG 24 HR TAB MO	3	QL (30 per 30 days)
ENABLEX 7.5 MG 24 HR TAB MO	3	QL (30 per 30 days)
flavoxate hcl 100 mg tablet GC,MO	2	
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET MO	3	QL (30 per 30 days)
LUFYLLIN 200 MG TAB MO	3	
LUFYLLIN 400 MG TAB MO	3	
oxybutynin 5 mg tablet GC,MO	1	
oxybutynin 5 mg/5 ml syrup GC,MO	1	
oxybutynin cl er 10 mg tablet GC,MO	2	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet GC,MO	2	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet GC,MO	2	QL (60 per 30 days)
SANCTURA XR 60 MG 24 HR CAP MO	3	QL (30 per 30 days)
theochron 100 mg 12 hr tab GC,MO	1	
theochron 200 mg 12 hr tab GC,MO	1	
theochron 300 mg 12 hr tab GC,MO	1	
theophylline 200 mg/100 ml d5w GC,MO	1	
theophylline 200 mg/50 ml d5w GC,MO	1	
theophylline 400 mg/250 ml d5w GC,MO	1	
theophylline 400 mg/500 ml d5w GC,MO	1	
theophylline 80 mg/15 ml soln GC,MO	1	
theophylline 800 mg/1 l d5w GC,MO	1	
theophylline 800 mg/250 ml d5w GC,MO	1	
theophylline 800 mg/500 ml d5w GC,MO	1	
theophylline er 100 mg tablet GC,MO	1	
theophylline er 200 mg tablet GC,MO	1	
theophylline er 300 mg tab GC,MO	1	
theophylline er 400 mg tablet GC,MO	1	
theophylline er 450 mg tab GC,MO	1	
theophylline er 600 mg tablet GC,MO	1	
trospium chloride 20 mg tablet GC,MO	2	
VESICARE 10 MG TAB GC,MO	2	QL (30 per 30 days)
VESICARE 5 MG TAB GC,MO	2	QL (30 per 30 days)
VITAMINS		
advanced care plus tablet GC,MO	1	
ATABEX EC 29 MG-1 MG-50 MG TAB MO	3	
bal-care dha 27 mg-1 mg-430 mg pack,tab&cap,dr GC,MO	2	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CALCIJEX 1 MCG/ML IV MO	3	B vs D
calcitriol 0.25 mcg capsule GC,MO	1	B vs D
calcitriol 0.5 mcg capsule GC,MO	1	B vs D
calcitriol 1 mcg/ml ampul GC,MO	1	B vs D
calcitriol 1 mcg/ml solution GC,MO	1	B vs D
cavan one omega 27 mg-1 mg-330 mg cap GC,MO	1	
cavan-ec sod dha 30 mg-1 mg-440 mg pack,tab&cap,dr GC,MO	1	
cavan-folate dha combo pack GC,MO	1	
cavan-folate ob tablet GC,MO	1	
cavan-heme ob tablet GC,MO	1	
CITRANATAL 90 DHA (NEW FORMULA) 90 MG-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL 90 DHA PACK MO	3	
CITRANATAL ASSURE 35 MG-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL B-CALM 20 MG IRON-1 MG/25 MG TAB MO	3	
CITRANATAL DHA (NEW FORMULA) 27 MG-1 MG-50 MG-250 MG ORAL PACK MO	3	
CITRANATAL HARMONY CAPSULE MO	3	
CITRANATAL RX (NEW FORMULA) 27 MG-1 MG-50 MG TAB MO	3	
co-natal fa 29 mg-1 mg tab GC,MO	1	
complete natal dha 29 mg-1 mg-250 mg oral pack GC,MO	1	
complete-rf prenatal 90 mg-1 mg-50 mg tab GC,MO	1	
completenate 29 mg-1 mg chewable tab GC,MO	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAP MO	3	
CONCEPT OB 85 MG-1 MG CAP MO	3	
corenate-dha combo pack GC,MO	1	
dexpanthenol 250 mg/ml vial GC,MO	1	
docosavit softgel GC,MO	1	
DUET DHA COMPLETE 27 MG-1 MG-300 MG PACK,TAB & CAP MO	3	
DUET DHA FERRAZONE EC OMEGA-3 MO	3	
ED CYTE F 106 MG-1 MG-50 MG TAB MO	3	
edge ob caplet GC,MO	1	
elite-ob 28 mg-1.25 mg-200 mg cap GC,MO	1	
elite-ob 400 35 mg-5 mg-1.2 mg-400 mg cap GC,MO	1	
elite-ob 50 mg-1.25 mg tab GC,MO	1	
fe c plus 100 mg-250 mg-25 mcg-1 mg tab GC,MO	1	
FEMECAL OB PLUS DHA COMBO PACK MO	3	
FEMECAL OB TABLET MO	3	
folbecal 200 mg-75 mg-12 mcg-1 mg 24 hr tab GC,MO	1	
folcal dha softgel GC,MO	1	
folcaps care one capsule GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
folinatal plus b 200 mg-75 mg-12 mcg-1 mg 24 hr tab GC,MO	1	
folivane-ec calcium dha combo GC,MO	1	
folivane-ob 85 mg-1 mg cap MO	3	
folivane-prx dha nf 30 mg-1.24 mg-55 mg-265 mg cap GC,MO	1	
foltabs 90 plus dha pack GC,MO	1	
foltabs prenatal plus dha GC,MO	1	
foltabs prenatal tablet GC,MO	1	
gentex ade tablet GC,MO	1	
GESTICARE DHA 27 MG-1 MG-250 MG COMBO PACK, TAB MP 24HR & CAP MO	3	
GESTICARE TABLET MO	3	
HECTOROL 0.5 MCG CAP GC,MO	2	B vs D
HECTOROL 1 MCG CAP GC,MO	2	B vs D
HECTOROL 2 MCG/ML (1 ML) IV GC,MO	2	B vs D
HECTOROL 2.5 MCG CAP GC,MO	2	B vs D
HECTOROL 4 MCG/2 ML IV GC,MO	2	B vs D
ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TAB MO	3	
ICAR-C PLUS SR 100 MG-320 MG-25 MCG-1 MG CAP MO	3	
inatal advance 90 mg-1 mg-50 mg tab GC,MO	1	
inatal gt 90 mg-1 mg-50 mg tab GC,MO	1	
inatal ultra 90 mg-1 mg-50 mg tab GC,MO	1	
kolnatal dha dr combo pack GC,MO	1	
lactocal-f 65 mg-1 mg tab GC,MO	1	
levomefolatepnv 29 mg-0.5 mg-1.4 mg-200 mg oral pack GC,MO	2	
M-VIT 27 MG-1 MG TAB MO	3	
MARNATAL-F 60 MG IRON-1 MG CAP MO	3	
MARNATAL-F PLUS COMBO PACK MO	3	
maternity 27 mg-1 mg tab GC,MO	1	
MAXINATE 20 MG-0.8 MG TAB MO	3	
MULTI-NATE 30 DHA 430 MG VIT MO	3	
MULTI-NATE 30 DHA PRENATAL VIT MO	3	
multi-nate 30 tablet GC,MO	1	
MULTI-NATE DHA EXTRA PRENATAL MO	3	
multi-vitamin with fluoride 0.25 mg chewable tab GC,MO	1	
multi-vitamin with fluoride 0.5 mg chewable tab GC,MO	1	
multi-vitamin with fluoride 1 mg chewable tab GC,MO	1	
multinatal plus 30 mg-1 mg tab GC,MO	1	
multinatal plus 40 mg-1 mg chewable tab GC,MO	1	
multivit-fluor 0.25 mg tab chw GC,MO	1	
multivit-fluor 0.25 mg tb chew GC,MO	1	
multivit-fluor 0.5 mg tab chew GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
multivit-fluor 1 mg tab chew GC,MO	1	
multivit-fluoride 1 mg tab chw GC,MO	1	
multivitamin with fluoride 0.5 mg chewable tab GC,MO	1	
multivitamins-fluoride-folic acid 0.25 mg chewable tab GC,MO	1	
multivitamins-fluoride-folic acid 0.5 mg chewable tab GC,MO	1	
multivitamins-fluoride-folic acid 1 mg chewable tab GC,MO	1	
MVC-FLUORIDE 0.25 MG CHEWABLE TAB MO	3	
MVC-FLUORIDE 0.5 MG CHEWABLE TAB MO	3	
MVC-FLUORIDE 1 MG CHEWABLE TAB MO	3	
MYKIDZ IRON FLUORIDE 10 MG-0.25 MG-1,500 UNIT/2 ML ORAL SUSP MO	3	
MYNATAL 65 MG-1 MG CAP MO	3	
mynatal 90 mg-1 mg-50 mg tab GC,MO	1	
mynatal advance 90 mg-1 mg-50 mg tab GC,MO	1	
mynatal plus 65 mg-1 mg tab GC,MO	1	
mynatal-z 65 mg-1 mg tab GC,MO	1	
mynate 90 plus 90 mg-1 mg tab GC,MO	1	
NATACHEW TABLET CHEW MO	3	
NATAFORT TABLET MO	3	
NATALVIT 75 MG-1 MG TAB MO	3	
NATELLE C TABLET MO	3	
NATELLE-EZ TABLET MO	3	
navatab + dha pack GC,MO	1	
NEEVO CAPLET MO	3	
NEEVO DHA CAPSULE MO	3	
O-CAL FA 66 MG-1 MG TAB MO	3	
O-CAL PRENATAL 15 MG-1 MG TAB MO	3	
ob-natal one 27 mg-1 mg-330 mg cap GC,MO	1	
obstetrix dha 29 mg-1 mg-50 mg pack,tab&cap,dr GC,MO	1	
OBSTETRIX EC 29 MG-1 MG-50 MG TAB MO	3	
OBTREX 29 MG-1 MG-50 MG TAB MO	3	
OBTREX DHA 29 MG-1 MG-50 MG PACK,TAB&CAP,DR MO	3	
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack GC,MO	2	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack GC,MO	2	
pnv-dha 27 mg-1 mg-300 mg cap GC,MO	1	
pnv-iron tablet GC,MO	1	
pnv-omega 28 mg-1 mg-300 mg cap GC,MO	1	
pnv-select 27 mg-1 mg tab GC,MO	1	
pnv-total 35 mg-5 mg-1.2 mg-400 mg cap GC,MO	1	
poly iron pn 60 mg (iron)-1 mg tab GC,MO	1	
poly iron pn forte 60 mg (iron)-1 mg tab GC,MO	1	
poly-vitamin/fluoride/iron 0.5 mg-10 mg/ml oral drops GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pr natal 400 29 mg-1 mg-400 mg oral pack GC,MO	1	
pr natal 400 ec 29 mg-1 mg-400 mg pack,tab&cap,dr GC,MO	1	
pr natal 430 29 mg-1 mg-430 mg oral pack GC,MO	1	
pr natal 430 ec 29 mg-1 mg-430 mg pack,tab&cap,dr GC,MO	1	
pr natal 440 ec combo pack GC,MO	1	
PRECARE CHEWABLE TABLET MO	3	
PRECARE CONCEIVE TABLET MO	3	
PRECARE PREMIER CAPLETS MO	3	
PREMESIS RX 200 MG-75 MG-12 MCG-1 MG 24 HR TAB MO	3	
prenacare tablet GC,MO	1	
prenafirst 17 mg-1 mg tab GC,MO	1	
prenaplus 27 mg-1 mg tab GC,MO	1	
PRENATABS FA 29 MG-1 MG TAB GC,MO	1	
PRENATABS RX 29 MG-1 MG TAB GC,MO	1	
pregnatal 19 29 mg-1 mg chewable tab GC,MO	1	
pregnatal 19 29 mg-1 mg tab GC,MO	1	
pregnatal ad 90 mg-1 mg-50 mg tab GC,MO	1	
pregnatal low iron 27 mg-1 mg tab GC,MO	1	
pregnatal plus (calcium carbonate) 27 mg-1 mg tab GC,MO	1	
pregnatal plus with iron (calcium carbonate) 27 mg-1 mg tab GC,MO	1	
PRENATAL-U 106.5 MG-1 MG CAP MO	3	
PRENATE DHA SOFTGEL MO	3	
PRENATE ELITE (NEW FORMULATION) 27 MG-1 MG TAB MO	3	
PRENATE ESSENTIAL 28 MG-1 MG-300 MG CAP MO	3	
prename plus 27 mg-1 mg tab GC,MO	1	
PREQUE 10 15 MG-0.5 MG-50 MG-50 MG TAB MO	3	
previte rx tablet GC,MO	1	
PRIMACARE ADVANTAGE COMBO PACK MO	3	
PRIMACARE ONE SOFTGEL MO	3	
pruet dha ec prenatal vitamins GC,MO	1	
pruet dha ec prenatal vits GC,MO	1	
pruet dha prenatal vitamins GC,MO	1	
pruet dha vitamins GC,MO	1	
re dualvit ob capsule GC,MO	1	
re multivit-fluor 0.25 mg tab GC,MO	1	
re multivit-fluor 0.5 mg tab GC,MO	1	
re multivit-fluor 1 mg tab chw GC,MO	1	
re ob + dha pack GC,MO	1	
RE OB 90 + DHA PACK MO	3	
re prenatal multivit w-iron tb GC,MO	1	
re previt+dha softgel GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
re-nata 29 ob prenatal tablet GC,MO	1	
re-nata 29 prenatal tablet GC,MO	1	
relnate dha 28 mg-1 mg-200 mg cap GC,MO	2	
renate caplet MO	3	
RENATE DHA 430 MG PRENATAL VIT MO	3	
RENATE DHA EXTRA PRENATAL VITS MO	3	
RENATE DHA EXTRA VITAMINS MO	3	
RENATE DHA PRENATAL VITAMINS MO	3	
ROCALTROL 0.25 MCG CAP MO	3	B vs D
ROCALTROL 0.5 MCG CAP MO	3	B vs D
ROCALTROL 1 MCG/ML ORAL SOLN MO	3	B vs D
rovin-nv dha capsule MO	3	
rovin-nv tablet MO	3	
se-care 40 mg-1 mg chewable tab GC,MO	1	
se-care conceive 30 mg-1 mg tab GC,MO	1	
se-care gesture 28 mg-1 mg 24 hr tab GC,MO	1	
se-natal 19 29 mg-1 mg chewable tab GC,MO	1	
se-natal 19 29 mg-1 mg tab GC,MO	1	
se-natal 90 dr tablet GC,MO	1	
se-natal one 60 mg iron-1 mg tab GC,MO	1	
se-plete dha 28 mg-1.25 mg-200 mg cap GC,MO	1	
se-tan dha 30 mg-1 mg-310.1 mg cap GC,MO	1	
SELECT-OB + DHA 29 MG-1 MG-250 MG ORAL PACK MO	3	
SELECT-OB 29 MG-1 MG CHEWABLE TAB MO	3	
setonet 29 mg-1 mg-430 mg oral pack GC,MO	1	
SETONET-EC 29 MG-1 MG-430 MG PACK,TAB&CAP,DR GC,MO	1	
TANDEM DHA CAPSULE MO	3	
TANDEM OB 162 MG-115.2 MG (106 MG)-1 MG CAP MO	3	
taron a prenatal dha comb pack GC,MO	1	
taron ec calcium dha comb pack GC,MO	1	
taron-bc 20 mg iron-1 mg/25 mg tab GC,MO	1	
taron-c dha 35 mg-1 mg-200 mg cap GC,MO	1	
TARON-DUO EC 29 MG-1 MG-400 MG PACK,TAB&CAP,DR GC,MO	1	
taron-ec cal tablet GC,MO	1	
taron-prex prenatal-dha 30 mg-1.2 mg-55 mg-265 mg cap GC,MO	1	
tri rx 27 mg-1 mg-50 mg tab GC,MO	1	
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops GC,MO	1	
tri-vitamin w/fluoride & iron 0.25 mg-10 mg/ml oral drops GC,MO	1	
triadvance 90 mg-1 mg-50 mg tab GC,MO	1	
trimesis rx 200 mg-75 mg-12 mcg-1 mg 24 hr tab GC,MO	1	
trinatal gt 90 mg-1 mg-50 mg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trinatal rx 1 60 mg iron-1 mg tab GC,MO	1	
trinatal ultra 90 mg-1 mg-50 mg tab GC,MO	1	
TRINATE 28 MG-1 MG TAB GC,MO	1	
triple vitamin with fluoride 0.5 mg/ml oral drops GC,MO	1	
triveen-duo dha 29 mg-1 mg-400 mg oral pack GC,MO	1	
triveen-one 27 mg-1 mg-250 mg cap GC,MO	1	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg cap GC,MO	1	
triveen-ten 15 mg-0.5 mg-50 mg-50 mg tab GC,MO	2	
triveen-u 106.5 mg-1 mg cap GC,MO	1	
trust natal dha 29 mg-1 mg-250 mg oral pack GC,MO	1	
ultimatecare advantage combo GC,MO	1	
ultimatecare combo pack GC,MO	1	
ultimatecare one 27 mg-1 mg-330 mg cap GC,MO	1	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg cap GC,MO	1	
vena-bal dha 27 mg-1 mg-430 mg pack,tab&cap,dr GC,MO	2	
venatal complete dha 27 mg-1 mg-430 mg pack,tab&cap,dr GC,MO	2	
vinacal 27 mg-1 mg-50 mg tab GC,MO	1	
vinate az 27 mg-1 mg tab GC,MO	1	
vinate az 29 mg-1 mg tab GC,MO	1	
vinate c 30 mg-1 mg tab GC,MO	1	
vinate calcium 27 mg-1 mg-50 mg tab GC,MO	1	
vinate care 40 mg-1 mg chewable tab GC,MO	1	
vinate gt 90 mg-1 mg-50 mg tab GC,MO	1	
vinate ic 162 mg-115.2 mg (106 mg)-1 mg cap GC,MO	1	
vinate ii 29 mg-1 mg tab GC,MO	1	
vinate iii tablet GC,MO	1	
vinate m 27 mg-1 mg tab GC,MO	1	
vinate one 60 mg iron-1 mg tab GC,MO	1	
vinate pn care 30 mg-1 mg-50 mg tab GC,MO	1	
vinate ultra 90 mg-1 mg-50 mg tab GC,MO	1	
VITAFOL-OB 65 MG-1 MG TAB MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MO	3	
VITAFOL-PN (UD) 65 MG-1 MG TAB MO	3	
vitanatal ob + dha combo pack GC,MO	1	
vitaphil + dha 90 pack GC,MO	1	
vitaphil + dha pack GC,MO	1	
vitaphil aide caplet GC,MO	1	
vitaphil caplet GC,MO	1	
vitaspire 29 mg-1 mg tab GC,MO	1	
VIVA DHA 28 MG-1 MG-200 MG CAP MO	3	
vynatal fa 65 mg-1 mg tab GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zatean-ch 27 mg-1 mg-50 mg-250 mg cap GC,MO	1	
zatean-pn 27 mg-1 mg tab GC,MO	1	
zatean-pn dha 27 mg-1 mg-300 mg cap GC,MO	1	
ZEMPLAR 1 MCG CAP GC,MO	2	B vs D
ZEMPLAR 2 MCG CAP GC,MO	2	B vs D
ZEMPLAR 2 MCG/ML IV GC,MO	2	B vs D
ZEMPLAR 4 MCG CAP GC,MO	2	B vs D
ZEMPLAR 5 MCG/ML IV GC,MO	2	B vs D

Need more information about the indicators displayed by the drug names? Please refer to page 8.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

Index

A		
a-hydrocort	.....	acticin 130
a-methapred	.....	102 ACTIMMUNE 119
ABILIFY	.....	102 ACTIVASE 20
ABILIFY DISCMELT	.....	39 ACTIVELLA 103
ABRAXANE	.....	39 ACTONEL 119
acarbose	.....	9 ACTONEL WITH CALCIUM 119
ACCOLATE	.....	102, 103 ACTOPLUS MET 103
ACCU-CHEK ACTIVE TEST	.....	125 ACTOS 103
ACCU-CHEK AVIVA	.....	77 ACUFLEX 39
ACCU-CHEK COMFORT CURVE TEST	.....	77 ACULAR 91
ACCU-CHEK COMPACT TEST	.....	77 ACULAR LS 91
ACCU-CHEK INSTANT PLUS TEST	.....	77 ACURA METER KIT 62
ACCUPRIL	.....	77 ACURA STARTER KIT 62
ACCURETIC	.....	23, 24 ACURA TEST STRIPS 77
ACCUSURE INSULIN SYRINGE	.....	24 ACUVAIL 91
ACCUTREND GLUCOSE	.....	62 ACZONE 130
acebutolol	.....	77 ADACEL (ADOLESCENT & ADULT) 126
ACEON	.....	24 ADAGEN 90
acetaminophen-codeine	.....	24 ADALAT CC 24
acetasol hc	.....	39 adapalene 130
acetazolamide	.....	91 ADCIRCA 24
acetazolamide sodium	.....	91 ADENOCARD 24
acetic acid	.....	91 adenosine 24
acetic acid-aluminum acetate	.....	80, 91 ADJUSTABLE LANCING DEVICE 62
acetylcysteine	.....	91 adriamycin 9
acid jelly	.....	125 adriamycin pfs 9
ACTHAR H.P.	.....	130 ADVAIR DISKUS 103
ACTHIB	.....	77 ADVAIR HFA 103
ACTHREL	.....	126 ADVANCE INTUITION GLUCOSE 62
ACTI-LANCE LANCETS	.....	77 ADVANCE TEST 77
	.....	62 advanced care plus 144

ADVANCED LANCING DEVICE	62	ALDACTAZIDE	24
ADVOCATE LANCET	62	ALDACTONE	24
ADVOCATE REDI-CODE	77	ALDURAZYME	90
ADVOCATE TEST STRIPS	77	alendronate	119
AEROBID	103	alfentanil	39
AEROBID-M	103	alfuzosin	16
afeditab cr	24	ali-flex	39
AFINITOR	9	aliclen	130
AGGRENOX	24	ALIMTA	9
AH-CHEW D	16	ALKERAN	9
AH-CHEW II	80	allanvan-s	81
AHIST	80	allersol	91
AIMSCO INSULIN SYRINGE	62	allopurinol	119
AIMSCO ULTRA THIN II	62	allopurinol sodium	119
ak-con	91	ALOMIDE	91
AK-DILATE	91	ALOPRIM	119
AK-PENTOLATE	91	ALORA	103
ak-poly-bac	91	ALPHAGAN P	91
ak-tob	91	ALPHANINE SD	20
AKNE-MYCIN	130	ALREX	91
akorn balanced salt	91	ALTABAX	130
AKTEN (PF)	91	altafluor	91
ALA-CORT	130	altafrin	91
ALA-SCALP	130	altavera (28)	103
ALBENZA	126	ALTERNATE SITE LANCET	62
albuterol sulfate	16	ALTERNATE SITE LANCING DEVICE	62
ALCAINE	91	aluvea	130
alclometasone	130	ALVESCO	103
ALCOHOL PADS	130	amantadine	39
ALCOHOL PREP PADS	130	AMBIEN CR	39
ALCOHOL PREP SWABS	130	amcinonide	130
ALCOHOL SWABS	130	AMERICAINE ANESTHETIC	130
ALCOHOL WIPES	130	amethia	103

amethyst	103	amitriptyline	40
AMICAR	20	amlodipine	24
amifostine crystalline	119	amlodipine-benazepril	24
amiloride	81	ammonium chloride	81
amiloride-hydrochlorothiazide	81	ammonium lactate	130
AMINOACETIC ACID	81	AMMONUL	81
aminocaproic acid	20	amnesteem	130
aminophylline	143	amoxapine	40
AMINOSYN II 10 %	81	AMPHADASE	90
AMINOSYN II 15%	81	AMPYRA	119
AMINOSYN II 3.5% M/DEXTROSE 5%	81	AMTURNIDE	24, 25
AMINOSYN II 4.25%-DEXTROSE 10%	81	amyl nitrite	25
AMINOSYN II 4.25%-LYTES-CA-D25	81	anabar	40
AMINOSYN II 5%/DEXTROSE 25%	81	ANACAINE	130
AMINOSYN II 7 %	81	ANADROL-50	103
AMINOSYN II 8.5 %	81	anagrelide	20
AMINOSYN II 8.5 %-ELECTROLYTES	81	ANASPAZ	16
AMINOSYN II-M 4.25% IN D10	81	anastrozole	9
AMINOSYN M 3.5 %	81	ANDROGEL	103
AMINOSYN 10 %	81	androxy	103
AMINOSYN 3.5 %	81	ANGELIQ	103
AMINOSYN 5 % (SULFITE-FREE)	81	ANTABUSE	119
AMINOSYN 7 %	81	ANTARA	25
AMINOSYN 7 % WITH ELECTROLYTES	81	antipyrine-benzocaine	91
AMINOSYN 8.5 %	81	antivenin micrurus fulvius	126
AMINOSYN 8.5 %-ELECTROLYTES	81	ANTIVERT	98
AMINOSYN-HBC 7%	81	ANTIZOL	119
AMINOSYN-HF 8 %	81	ANUSOL-HC	130
AMINOSYN-PF 10 %	81	apexicon	130
AMINOSYN-PF 7 % (SULFITE-FREE)	81	apexicon e	130
AMINOSYN-RF 5.2 %	81	APHTHASOL	91
amiodarone	24	APIDRA	103
AMITIZA	98	APIDRA SOLOSTAR	103

APOKYN	40	ASSURE 4 STRIPS	78
apraclonidine	91	ASTELIN	91
apri	103	ASTEPRO	91
APRISO	98	astramorph-pf	40
ARALAST	125	ATABEX EC	144
ARALAST NP	125	atenolol	25
aranelle (28)	103	atenolol-chlorthalidone	25
arbinox	81	ATGAM	119
ARCALYST	119	atracurium	16
AREDIA	119	atropine	16, 92
argatroban	20	ATROPINE-CARE	92
ARIMIDEX	9	ATROVENT	92
ARISTOSPIN INTRA-ARTICULAR	103	ATROVENT HFA	16
ARISTOSPIN INTRALESIONAL	103	ATTENUVAX (PF)	126
ARIIXTRA	20	aurodex	92
AROMASIN	9	auroguard	92
ARRANON	9	AURORA HEALTHCARE LANCETS	62
ARZERRA	9	AUTOJECT 2	62
ASACOL	98	AUTOJECT 2 INJECTION DEVICE	62
ASACOL HD	98	AUTOLET IMPRESSION LANC DEV	62
ASCENSIA AUTODISC TEST	77	AUTOLET LITE CLINISAFE	62
ASCENSIA ELITE TEST	77	AUTOLET LITE CLINISAFE DEVICE	62
ascomp w/codeine	40	AUTOLET LITE STARTER PACK	62
ASMANEX TWISTHALER	103, 104	AUTOLET MINI	62
aspergillus fumi allergen ext	119	AUTOLET MKII CLINISAFE DEVICE	62
ASSURA EASICLOSE MINI POUCH	62	AUTOLET PLATFORMS	62
ASSURE LANCE	62	AUTOPEN 1 TO 16 UNITS	62
ASSURE PLATINUM	62, 78	AUTOPEN 1 TO 21 UNITS	62
ASSURE PRO BLOOD GLUCOSE METER	62	AUTOPEN 2 TO 32 UNITS	63
ASSURE PRO TEST STRIPS	78	AUTOPEN 2 TO 42 UNITS	63
ASSURE 3 TEST	77	AVALIDE	25
ASSURE 4 CONTROL SOLUTION	62	AVANDAMET	104
ASSURE 4 METER	62	AVANDARYL	104

AVANDIA	104	BCG VACCINE, LIVE (PF)	126
AVAPRO	25	BD ALCOHOL SWAB	130
AVASTIN	9	BD AUTOSHIELD PEN NEEDLE	63
AVC VAGINAL	130	BD ECLIPSE LUER-LOK	63
aviane	104	BD INSULIN PEN NEEDLE UF MINI	63
AVINZA	40	BD INSULIN PEN NEEDLE UF ORIG	63
AVODART	119	BD INSULIN PEN NEEDLE UF SHORT	63
AVONEX	119	BD INSULIN SYRINGE	63
AVONEX ADMINISTRATION PACK	119	BD INSULIN SYRINGE HALF UNIT	63
AXONA	81	BD INSULIN SYRINGE MICRO-FINE	63
AYGESTIN	104	BD INSULIN SYRINGE SAFETY-LOK	63
AZASITE	92	BD INSULIN SYRINGE SLIP TIP	63
azathioprine	119	BD INSULIN SYRINGE ULT-FINE II	63
azathioprine sodium	119	BD INSULIN SYRINGE ULTRA-FINE	63
azelastine	92	BD INTEGRA INSULIN SYRINGE	63
AZELEX	130	BD LANCET DEVICE	63
AZILECT	40	BD LO-DOSE MICRO-FINE IV	63
AZMACORT	104	BD LO-DOSE ULTRA-FINE	63
AZOPT	92	BD MICROTAINER LANCET	63
azurette	104	BD SAFETYGLIDE INSULIN SYRINGE	63
B		BD SAFETYGLIDE SYRINGE	64
bacitracin	92	BD ULTRA FINE LANCETS	64
bacitracin-polymyxin b	92	BD ULTRA FINE 33G LANCETS	64
baclofen	16	BD ULTRA-FINE NANO PEN NEEDLES	64
BACTROBAN	130	be-flex plus	40
BACTROBAN NASAL	92	benazepril	25
BAL IN OIL	102	benazepril-hydrochlorothiazide	25
bal-care dha	144	bencort	130
balanced salt	92	benprox	130
balsalazide	98	bensal hp	130
balziva (28)	104	BENZAC AC	131
BANZEL	40	benzac ac wash	131
baycadron	104	benzac w wash	131

BENZACLIN	131	bisoprolol-hydrochlorothiazide	25
BENZACLIN CAREKIT	131	bleomycin	9
BENZACLIN PUMP	131	BLEPH-10	92
BENZASHAVE-10	131	BLEPHAMIDE	92
BENZASHAVE-5	131	BLEPHAMIDE S.O.P.	92
BENZIQ	131	BLOOD GLUCOSE MONITOR KIT	67
BENZIQ LS	131	BLOOD GLUCOSE MONITOR SYSTEM	64
benzoin	131	BLOOD GLUCOSE MONITORING	64
benzotic	92, 96	BLOOD GLUCOSE TEST	78
benzoyl peroxide	131	BLOOD SUGAR DIAGNOSTIC	78
benzoyl peroxide creamy wash	131	BLOOD-GLUCOSE METER	65, 73
benzoyl peroxide microspheres	139	BONIVA	119
benzoyl peroxide-urea	131	BOOSTRIX	126
benztropine	40	borofair	92
BESIVANCE	92	bp	132
BETA-VAL	132	bp 10-1	132
BETADINE OPHTHALMIC PREP	92	bpo	132
BETAGAN	92	BRANCHAMIN 4 %	81
betamethasone acet & sod phos	104	BREEZE 2	64
betamethasone dipropionate	132	BREEZE 2 TEST STRIPS	78
betamethasone valerate	132	BREVIBLOC	25
betamethasone, augmented	132	BREVIBLOC IN NACL (ISO-OSM)	25
BETASERON	119	BREVICON (28)	104
betaxolol	25, 92	BREVOXYL-4	132
bethanechol chloride	16	BREVOXYL-8	132
BETIMOL	92	briellyn	104
bicalutamide	9	brimonidine	92
BICNU	9	bromax	81
BIDIL	25	bromocriptine	40
BILTRICIDE	126	BROVANA	16
BIONIME RIGHTEST TEST STRIPS	78	BROVEX	81
bioregesic	40	BROVEX PB	81
bisoprolol fumarate	25	BSS	92

BSS PLUS	92	calcitonin (salmon)	104
budeprion sr	40	calcitrene	132
budeprion xl	40	calcitriol	145
budesonide	104	calcium acetate	82
bumetanide	81	calcium chloride	82
BUPHENYL	81, 82	CALCIUM DISODIUM VERSENATE	102
bupivacaine	117	calcium folinate	119
bupivacaine (pf)	117	calcium gluconate	82
bupivacaine-dextrose-water(pf)	117	camila	104
bupivacaine-epinephrine	117	CAMPATH	9
BUPRENEX	40	CAMPRAL	41
buprenorphine	40, 41	CAMPRAL DOSE PAK	41
buproban	41	CAMPTOSAR	9
bupropion hcl	41	camrese	104
buspirone	41	CANASA	98
BUSULFEX	9	candida albicans allergen ext	119
butalbital compound w/codeine	41	CANTIL	16
butorphanol tartrate	41	CAPEX	132
BYETTA	104	CAPITAL WITH CODEINE	41
BYSTOLIC	25	CAPRELSA	9
C			
		capsicum	132
cabergoline	41	captopril	26
CADUET	25, 26	captopril-hydrochlorothiazide	26
CAFCIT	41	CARAC	132
CAFERGOT	16	CARAFATE	98
caffeine citrated	41	CARBAGLU	82
caffeine-sodium benzoate	41	carbamazepine	41, 42
cafgesic	41	CARBATROL	42
cafgesic forte	41	carbidopa-levodopa	42
CALAN	26	carbinoxamine maleate	82
CALAN SR	26	CARBOCAINE	117
CALCIJEX	145	CARBOCAINE (PF)	117
calcipotriene	132	carboplatin	9

CARDENE SR	26	CELESTONE SOLUSPAN	104
CAREONE LANCING DEVICE	64	CELLCEPT	120
CAREONE THIN LANCET	64	CELLCEPT INTRAVENOUS	120
CAREONE ULTIGUARD	64	CELLUGEL	92
CAREONE ULTRA THIN LANCET	64	CELONTIN	42
CARESENS N TEST STRIPS	78	CENTANY	132
carimune nf nanofiltered	126	CENTANY AT	132
carisoprodol	16	CEPROTIN (BLUE BAR)	20
carisoprodol-asa-codeine	16	CEPROTIN (GREEN BAR)	20
carisoprodol-aspirin	16	CEREDASE	90
CARMOL SCALP TREATMENT	132	CEREZYME	90
carmol 40	132	cerisa	132
CARNITOR	120	cerovel	132
CARNITOR SUGAR-FREE	120	CERUBIDINE	10
carteolol	92	CERVARIX VACCINE	126
cartia xt	26	CERVIDIL	124
CARTICEL	120	CESIA	104
carvedilol	26	CETACAINE MEDICAL KIT E	132
CASODEX	9	cetirizine	82
CATAPRES-TTS-1	26	CHANTIX	16
CATAPRES-TTS-2	26	CHANTIX CONTINUING MONTH PAK	16
CATAPRES-TTS-3	26	CHANTIX STARTING MONTH PAK	17
cavan one omega	145	CHEMET	102
cavan-ec sod dha	145	CHEMSTRIP UGK	78
cavan-folate dha	145	CHENODAL	98
cavan-folate ob	145	chloral hydrate	42
cavan-heme ob	145	chlorhexidine gluconate	92
cavarest	120	chlorprocaine (pf)	117
cavirinse	120	chlorothiazide	82
caziant	104	chlorothiazide sodium	82
CEENU	9	chloroxylenol-pramoxine	92
CELEBREX	42	chlorped d	84
CELESTONE	104	chlorpheniramine-pseudoephed	82

chlorpromazine	42	CLINAC BPO	133
chlorthalidone	82	clinda-derm	133
cholestyramine light	26	clindacin p	133
cholestyramine-sucrose	26	CLINDAGEL	133
choline & magnesium salicylate	42	clindamax	133
choline-mag trisalicylate	42	clindamycin phosphate	133
cyclolan	132	clindamycin-benzoyl peroxide	133
ciclopirox	132, 133	CLINDAREACH	133
ciclopirox-vite-nail lacq remo	132	CLINDESSE	133
cilostazol	20	clindets	133
CILOXAN	92	CLINIMIX E 2.75/D10 SULFITFREE	82
cimetidine	98	CLINIMIX E 2.75/D5 SULFITEFREE	82
CIPRODEX	92	CLINIMIX E 4.25/D10 SULFITFREE	82
ciprofloxacin	92	CLINIMIX E 4.25/D25 SULFITFREE	82
cisplatin	10	CLINIMIX E 4.25/D5 SULFITEFREE	82
citalopram	42	CLINIMIX E 5%/D15 SULFITE FREE	82
CITRANATAL ASSURE	145	CLINIMIX E 5%/D20 SULFITE FREE	82
CITRANATAL B-CALM	145	CLINIMIX E 5%/D25 SULFITE FREE	82
CITRANATAL DHA (NEW FORMULA)	145	CLINIMIX 2.75%/D5 SULFITE FREE	82
CITRANATAL HARMONY	145	CLINIMIX 4.25/D10 SULFITE FREE	82
CITRANATAL RX (NEW FORMULA)	145	CLINIMIX 4.25/D20 SULFITE FREE	82
CITRANATAL 90 DHA (NEW FORMULA)	145	CLINIMIX 4.25/D25 SULFITE FREE	82
cladribine	10	CLINIMIX 4.25%/D5 SULFITE FREE	82
claravis	133	CLINIMIX 5%/D15 SULFITE FREE	82
clemastine	82	CLINIMIX 5%/D20 SULFITE FREE	82
CLEOCIN	133	CLINIMIX 5%/D25 SULFITE FREE	82
CLEOCIN T	133	CLINISOL SF 15%	82
CLEVER CHEK LANCETS	64	CLINSTIX	78
CLEVER CHEK TEST STRIPS	78	CLINITEST REAGENT	78
CLEVER CHOICE PRO	78	CLINORIL	42
CLEVIPREX	26, 27	clobetasol	133
CLICKFINE	64	clobetasol-emollient	133
CLIMARA PRO	104	CLODERM	133

CLOLAR	10	COMTAN	43
clomipramine	42	COMVAX	126
clonidine	27	CONCEPT DHA	145
clonidine (pf)	42	CONCEPT OB	145
clorpres	27	CONDYLOX	134
clotrimazole	133	CONSTANT CLENS	134
clotrimazole-betamethasone	133	constulose	82
clozapine	42, 43	CONTOUR METER	64
CNL 8 NAIL	133	CONTOUR TEST STRIPS	78
co-gesic	43	CONTOUR USB	64
co-natal fa	145	CONTROL G3	78
COAGUCHEK LANCETS	64	CONTROL MONITORING SYSTEM	64
cocaine	92	CONTROL TEST	78
cod-butalbital-acetaminop-caf	41	controlrx	120
codeine phosphate	43	COPAXONE	120
codeine sulfate	43	CORDRAN	134
COGENTIN	43	CORDRAN SP	134
COGNEX	17	COREG CR	27
colchicine-probenecid	88	corenate-dha	145
COLCRYS	120	CORLOPAM	27
colestipol	27	cormax	134
colocort	133	cortalo	134
COLY-MYCIN S	92	CORTEF	105
COLYTE WITH FLAVOR PACKS	98	CORTENEMA	134
COMBIGAN	93	CORTIFOAM	134
COMBIPATCH	104	cortisone	105
COMBIVENT	17	CORTISPORIN	93, 134
COMFORT LANCETS	64	CORTISPORIN-TC	93
COMP-AIR ELITE COMP NEB SYSTEM	64	cortomycin	93
complete natal dha	145	CORVERT	27
complete-rf prenatal	145	CORZIDE	27
completenate	145	COSMEGEN	10
compro	98	COUMADIN	20, 21

COVERA-HS	27	CYTOTEC	98
cpm-pe-msc	82	cytra k crystals	82
cpm-pse	82	cytra-k	82
CREON	98	cytra-3	82
CRESTOR	27		D
CRESYLATE	93	D.H.E.45	17
CRINONE	105	dacarbazine	10
crolom	125	DACOGEN	10
cromolyn	125	dactinomycin	10
cryselle (28)	105	DALIRESP	125
CUPRIMINE	102	dallergy	83
CURITY ALCOHOL SWABS	134	dallergy pe	83
CUROSURF	125	DALLERGY-JR	83
cyanide antidote	120	danazol	105
cyclafem 1/35 (28)	105	dantrolene	17
cyclafem 7/7/7 (28)	105	DAPTACEL (PEDIATRIC) (PF)	126
CYCLESSA	105	daunorubicin	10
CYCLOGYL	93	DAUNOXOME	10
CYCLOMYDRIL	93	DAZIDOX	43
cyclopentolate	93	DEBACTEROL	134
cyclophosphamide	10	DECAVAC	126
cyclosporine	120	deferoxamine	102
cyclosporine modified	120	DELESTROGEN	105
CYKLOKAPRON	21	DELFFLEX-LC/1.5% DEXTROSE	83
cylate	93	DEMADEX	83
CYMBALTA	43	DEM SER	120
CYSTADANE	120	DENAVIR	134
CYSTAGON	120	denta 5000 plus	120
cysteine (l-cysteine)	86	dentagel	120
cytarabine	10	DEPACON	43
cytarabine (pf)	10	depage	43
CYTOGAM	126	DEPAKENE	43
CYTOMEL	105	DEPEN TITRATABS	102

DEPO-ESTRADIOL	105	dextrose 25% in water (d25w)	83
DEPO-MEDROL	105	dextrose 30% in water (d30w)	83
DEPO-PROVERA	105	dextrose 40% in water (d40w)	83
DEPO-SUBQ PROVERA 104	105	dextrose 5% in water (d5w)	83
DEPO-TESTOSTERONE	105	dextrose 5%-lactated ringers	83
DEPOCYT	10	dextrose 5%-0.3 % sod.chloride	83
DERMA-SMOOTH/FS BODY OIL	134	dextrose 5%-1/4 normal saline	83
DERMATOP	134	dextrose 50% in water (d50w)	83
desipramine	43	dextrose 70% in water (d70w)	83
desmopressin	105	DIABETA	106
DESOGEN	105	DIABETIC.COM STARTER KIT	64
DESONATE	134	DIANEAL PD-2/1.5% DEXTROSE	83
desonide	134	DIANEAL PD-2/2.5% DEXTROSE	83
desoximetasone	134	DIANEAL PD-2/4.25% DEXTROSE	84
DESQUAM-X	134	DIASCREEN 1G REAGENT	78
DETROL	144	DIASCREEN 10	78
DETROL LA	144	DIASCREEN 2GK REAGENT	78
dexamethasone	105, 106	DIASCREEN 3 REAGENT	78
dexamethasone intensol	106	DIASCREEN 4OBL REAGENT	78
dexamethasone sodium phosphate	93, 106	DIASCREEN 5 REAGENT	78
dexasol	93	DIASCREEN 6 REAGENT	78
DEXILANT	98	DIASCREEN 7 REAGENT	78
dexmethylphenidate	43	DIASCREEN 8 REAGENT	78
DEXPAK	106	DIASCREEN 9 REAGENT	78
DEXPAK JR.....	106	DIASTIX	78
dexpanthenol	145	DICEL	84
dexrazoxane	120	diclofenac potassium	43
dextroamphetamine	43	diclofenac sodium	43, 93
dextrose in ringers	83	DIDGET METER	64
dextrose 10% in water (d10w)	83	diflorasone	134
dextrose 10%-1/4 normal saline	83	diflunisal	43
dextrose 2.5% in water (d2.5w)	83	DIGIBIND	126
dextrose 20% in water (d20w)	83	DIGIFAB	126

digoxin	27	DOLOREX	44
dihydrocode-acetaminophen-caff	39	donepezil	17
dihydroergotamine	17	dopamine	17
DILACOR XR	27	dopamine in d5w	17
DILANTIN	43	DOPRAM	44
DILANTIN EXTENDED	43	dorzolamide	93
dilantin infatabs	43	dorzolamide-timolol	93
DILANTIN-125	44	DOVONEX	134
DILATRATE-SR	27	doxapram	44
dilt-cd	27	doxazosin	29
dilt-xr	27, 28	doxepin	44
diltia xt	28	DOXIL	10
diltiazem hcl	28	doxorubicin	10
diltzac er	28	doxycycline hyolate	93
dimenhydrinate	99	DRITHO-SCALP	134
DIOVAN	28	DRITHOCREME HP	134
DIOVAN HCT	28	dronabinol	99
diphenoxylate-atropine	99	droperidol	44
DISCOVISC	64	DROXIA	10, 11
disopyramide	28, 29	DRYSOL DAB-O-MATIC	134
disulfiram	120	DUAC CS	134
DIURIL	84	DUET DHA COMPLETE	145
DIURIL IV	84	DUET DHA WITH FERRAZONE	145
divalproex	44	DUETACT	106
DIVIGEL	106	DUONEB	17
DOAK TAR DISTILLATE	134	DUOVISC VISCO ELASTIC	64
dobutamine	17	DURABAC	44
dobutamine in d5w	17	DURABAC FORTE	44
DOCEFREZ	10	DURACLON (PF)	44
docetaxel	10	duradryl	84
docosavit	145	DURAMORPH	44
dolgesic	44	DURASAL	134
DOLOPHINE	44	duraxin	44

DUREZOL	93	EASYMAX	78
DYAZIDE	84	EC-NAPROSYN	44
dygase	99	ECLIPSE TEST STRIPS	78
DYNACIRC CR	29	econazole	134
DYRENium	84	ED CYTE F	145
d10 %-0.45 % sodium chloride	83	ed-flex	44
d10 %-0.9 % sodium chloride	83	ed-spaZ	17
d2.5 %-0.45 % sodium chloride	83	edge ob	145
d5 %-0.45 % sodium chloride	83	effer-k	84
d5 %-0.9 % sodium chloride	83	EFFIENT	21
d5-Ir with potassium chloride	85	EGRIFTA	106
d5-ns with potassium chloride	85	ELAPRASE	90
d5-1/2 ns & potassium chloride	83, 85	electrolyte-48 in d10w	83
d5-1/3 ns & potassium chloride	85	electrolyte-48 in d5w	83
d5-1/4 ns & potassium chloride	83, 85	ELEMENT TEST STRIPS	78
d5w with potassium chloride	83, 85	ELESTAT	93
E			
E-Z JECT LANCETS	64	ELESTRIN	106
E-Z JECT SUPER THIN LANCET 30G	64	ELIDEL	134
E-Z JECT THIN LANCETS	64	ELIGARD	11
EASPRIN	64	eliphos	84
EASY CHECK TEST	44	elite-ob	145
EASY COMFORT INSULIN SYRINGE	78	elite-ob 400	145
EASY GLUCO G2	64	ELITEK	90
EASY PRO PLUS KIT	78	ELIXOPHYLLIN	144
EASY PRO PLUS TEST STRIPS	64	ELLENCE	11
EASY TALK GLUCOSE TEST	78	ELMIRON	120
EASY TOUCH	78	ELOCON	135
EASY TOUCH LANCETS	65	ELOXATIN	11
EASY TRAK GLUCOSE TEST	65	ELSPAR	11
EASYGLUCO METER	78	EMADINE	93
EASYGLUCO MONITORING SYSTEM	65	EMBEDA	44
EASYGLUCO TEST	65	EMBRACE BLOOD GLUCOSE SYSTEM	78
EASYGLUCO TEST	78	EMCYT	11

EMEND	99	epitol	45
emgel	135	plerenone	29
EMLA	135	EPOGEN	21
emoquette	106	epoprostenol	29
EMSAM	44, 45	EQUETRO	45
ENABLEX	144	ERBITUX	11
enalapril maleate	29	ERGOMAR	17
enalapril-hydrochlorothiazide	29	ergotamine-caffeine	18
enalaprilat	29	ERGOTRATE	125
ENBREL	120	errin	106
ENBREL SURECLICK	120	ery pads	135
endocet	45	erythromycin	93
ENDOMETRIN	106	erythromycin with ethanol	135
ENDRATE	102	erythromycin-benzoyl peroxide	135
ENGERIX-B (PF)	127	esmolol	29
enlon	78	ESTRACE	106
exoxaparin	21	ESTRADERM	106
enpresse	106	estradiol	106
ENTOCORT EC	106	estradiol valerate	106, 107
entre-b	84	estradiol-norethindrone acet	107
enulose	84	ESTRASORB	107
ENVISION TEST STRIPS	78	ESTRING	107
ephedrine sulfate	17	ESTROSTEP FE-28	107
EPIDUO	135	ethosuximide	45
epiflur	120	ETHYOL	120
epiklor	84	etidronate disodium	121
epinastine	93	etodolac	45
epinephrine	17	ETOPOPHOS	11
epinephrine (pf)	17	etoposide	11
epinephrine hcl	17	euflexxa	65
EPIPEN	17	EURAX	135
EPIPEN JR	17	EVAMIST	107
epirubicin	11	EVENCARE	65

EVENCARE TEST	78	FEM PH	135
EVISTA	107	FEMARA	11
EVOLUTION TEST STRIPS	78	FEMCON FE	107
EXEL INSULIN	65	FEMECAL OB	145
EXELDERM	135	FEMECAL OB PLUS DHA	145
EXELON	18	FEMHRT LOW DOSE	107
exemestane	11	FEMHRT 1/5	107
EXFORGE	29	FEMRING	107
EXFORGE HCT	29	FEMTRACE	107
EXJADE	102	fenofibrate	29
exoderm	135	fenofibrate micronized	29
EXTAVIA	121	fenoldopam	29
EXTINA	135	fenoprofen	45
EXTRANEAL PERITONEAL DIALYSIS	84	fentanyl	45, 46
EZ SMART LANCETS	65	fentanyl citrate	46
EZ SMART PLUS SYSTEM	65	fentanyl citrate (pf)	45
EZ SMART PLUS TEST	79	fexofenadine	84
EZ SMART SYSTEM	65	fexofenadine-pseudoephedrine	84
EZ SMART TEST	79	FIFTY50 RESERVOIR	65
		FIFTY50 TEST STRIP	79
FABRAZYME	90	finasteride	121
famotidine	99	FINGERSTIX LANCETS	65
famotidine (pf)	99	FIRAZYR	121
famotidine(pf) in sal (iso-os)	99	FIRMAGON	11
FANAPT	45	FIRST CHOICE LANCETS THIN	65
FARESTON	11	FLAREX	93
FASLODEX	11	flavoxate	144
FASTTAKE TEST	79	flebogamma	127
FAZACLO	45	FLEBOGAMMA DIF	127
fe c plus	145	flecainide	29
felbamate	45	FLECTOR	46
FELBATOL	45	FLEXTRA DS	46
felodipine	29	FLEXTRA PLUS	46

FLEXTRA-650	46	FLURESS	93
FLONASE	93	flurox	93
FLOVENT DISKUS	107	flutamide	11
FLOVENT HFA	107	fluticasone	93, 135
floxuridine	11	FLUVIRIN 2009-2010	127
FLUARIX 2009-2010 (PF)	127	FLUVIRIN 2009-2010 (PF)	127
FLUDARA	11	fluvoxamine	46
fludarabine	11	FLUZONE HIGH-DOSE 2009-2010	127
fludrocortisone	107	FLUZONE PEDI 2009-2010 (PF)	127
FLULALVAL 2009-2010	127	FLUZONE 2009-2010	127
flumazenil	46	FLUZONE 2009-2010 (PF)	127
FLUMIST 2009-2010	127	FML FORTE	93
flunisolide	93	FML LIQUIFILM	93
fluocinolone	135	FML S.O.P.	93
fluocinonide	135	folbecal	145
fluocinonide-e	135	folcal dha	145
fluocinonide-emollient	135	folcaps care one	145
FLUORABON	121	folinatal plus b	146
fluorescein-benoxinate	93	folivane-ec calcium dha nf	146
fluorescein-proparacaine	93	folivane-ob	146
fluoridex daily defense	121	folivane-prx dha nf	146
fluoridex daily defense whiten	121	foltabs	146
FLUORITAB	121	foltabs prenatal plus dha	146
fluorometholone	93	foltabs 90 plus dha	146
FLUOROPLEX	135	fomepizole	121
fluorouracil	11, 135	fondaparinux	21
fluoxetine	46	FORA D10	79
fluphenazine decanoate	46	FORA D15C	79
fluphenazine hcl	46	FORA D15G	79
FLURA-DROPS	121	FORA D15Z	79
flurate	93	FORA D20	79
flurbiprofen	46	FORA G20	79
flurbiprofen sodium	93	FORA G71A	79

FORA V10	79	G-4	66
FORA V12 GLUCOSE	79	G-4 TEST	79
FORA V20	79	gabapentin	46, 47
FORADIL AEROLIZER	18	GABITRIL	47
FORMA-RAY	125	galantamine	18
FORMADON	135	GAMASTAN S/D	127
formalaz	135	gammagard liquid	127
formaldehyde	135	GAMMAGARD S-D (IGA<1UG/ML)	127
FORTEO	107	GAMMAGARD S/D	127
FORTICAL	107	GAMMAKED	127
fosinopril	30	gammplex	127
fosinopril-hydrochlorothiazide	30	GAMUNEX	127
fosphenytoin	46	GAMUNEX-C	127
FRAGMIN	21	GARAMYCIN	94
FREAMINE HBC 6.9 %	84	GARDASIL	127
FREAMINE III 10 %	84	GASTROCROM	125
FREAMINE III 3 %-ELECTROLYTES	84	GAUZE BANDAGE	125
FREAMINE III 8.5 %	84	GAUZE PAD	125
FREESTYLE FLASH SYSTEM	65	gavilyte-c	99
FREESTYLE FREEDOM	65	gavilyte-g	99
FREESTYLE FREEDOM LITE	65	gavilyte-n	99
FREESTYLE LANCETS	65	gel-kam oral care rinse	121
FREESTYLE LITE METER	65	GELNIQUE	144
FREESTYLE LITE STRIPS	79	gemcitabine	11, 12
FREESTYLE SIDEKICK II	65	gemfibrozil	30
FREESTYLE SYSTEM KIT	65	GEMZAR	12
FREESTYLE TEST	79	generlac	84
FREESTYLE UNISTIK 2	65	gengraf	121
frenadol	46	gentak	94
FRESHKOTE	93	gentamicin	94, 135
furosemide	84	gentasol	94
FUSILEV	121	gentex ade	146
		GENTLE DRAW LANCING DEVICE	66

GEODON	47	glyburide-metformin	108
GESTICARE	146	glycine	84
GESTICARE DHA	146	GLYCINE UROLOGIC	84
gianvi	107	glycopyrrolate	18
gildess fe	107	GLYNASE	108
GLASSIA	126	GLYSET	108
GLEEVEC	12	GM100	79
glimepiride	107	GOLYTELY	99
glipizide	107	GORDOFILM	136
glipizide-metformin	107	GORDONS UREA	136
GLUCAGEN	107	GRALISE	47
GLUCAGEN HYPOKIT	108	GRALISE 30-DAY STARTER PACK	47
GLUCAGON EMERGENCY	108	granisetron	99
GLUCOCARD VITAL	66	granisetron (pf)	99
GLUCOCARD VITAL SENSOR	79	granolisol	99
GLUCOCARD X-METER	66	GUAIACOL	136
GLUCOCARD X-SENSOR	79	guanabenz	30
GLUCOCARD 01 METER	66	guanfacine	30
GLUCOCARD 01 SENSOR	79	guanidine	18
GLUCOCARD 01-MINI	66	GYZNAZOLE-1	136
GLUCOCOM GLUCOSE	79		H
GLUCOCOM LANCETS	66	HAEMOLANCE LOW FLOW LANCETS	66
GLUCOLAB	79	HAEMOLANCE PLUS	66
GLUCOLET 2 AUTOMATIC LANCING	66	HAEMOLANCE PLUS LANCETS	66
GLUCOPRO	66	HAEMOLANCE, RETRACTABLE LANCET	66
GLUCOPRO ALCOHOL	135	halac	136
GLUCOSOURCE	66	HALAVEN	12
GLUCOTROL	108	HALDOL	47
GLUCOTROL XL	108	HALDOL DECANOATE	47
GLUMETZA	108	HALFLYTELY-BISACODYL BOWEL KIT	99
glutaraldehyde	80	HALFLYTELY-BISACODYL W-FLAV PK	99
glyburide	108	halobetasol propionate	136
glyburide micronized	108	HALOG	136

halonate	136	HUMALOG MIX 75-25	108
halonate pac	136	HUMALOG MIX 75-25 KWIKPEN	108
haloperidol	47	HUMALOG PEN	108
haloperidol decanoate	47	HUMAPEN LUXURA HD	66
haloperidol lactate	47	HUMAPEN MEMOIR	66
HALOTIN	136	HUMIRA	121
HAVRIX (PF)	127, 128	HUMIRA CROHN'S DIS START PCK	121
heather	108	HUMIRA PEN	121
HECTOROL	146	HUMIRA PSORIASIS STARTER PACK	121
helistat	136	HUMULIN N	108
HEMABATE	125	HUMULIN N PEN	108
HEPAGAM B	128	HUMULIN R	108
heparin (porcine)	21, 22	HUMULIN R U-500 "CONCENTRATED"	109
heparin (porcine) in d5w	22	HUMULIN 50/50	108
heparin (porcine) in ns (pf)	22	HUMULIN 70/30	108
heparin (porcine)-0.45% nacl	22	HUMULIN 70/30 PEN	108
heparin, porcine (pf)	21, 22	HYALGAN	66
HEPATAMINE 8%	84	HYCAMTIN	12
HEPATASOL 8 %	84	hydralazine	30
HERCEPTIN	12	HYDREA	12
HEXALEN	12	HYDRO 40	136
HIBERIX	128	HYDROCHLORIC ACID (BULK)	99
HISTEX SR	84	hydrochlorothiazide	84, 85
HIZENTRA	128	hydrocodone-acetaminophen	47, 48
homatropaire	94	hydrocodone-ibuprofen	48
homatropine hbr	94	hydrocortisone	109, 136
HONEY BEE TREATMENT	121	hydrocortisone acet-aloe vera	136
HONEY BEE VENOM PROTEIN	121	hydrocortisone acetate	136
HORIZANT	47	hydrocortisone butyrate	136
HUMALOG	108	hydrocortisone valerate	136
HUMALOG KWIKPEN	108	hydrocortisone-acetic acid	94
HUMALOG MIX 50-50	108	hydrocortisone-min oil-wht pet	136
HUMALOG MIX 50-50 KWIKPEN	108	hydromorphone	48

hydromorphone (pf)	48	indapamide	85
hydroxyurea	12	INDOCIN	48
HYLENEX	91	indomethacin	48
hypercare	136	indomethacin sodium	48
HYPERLYTE-CR	85	INFANRIX (PF)	128
HYPERRAB S/D (PF)	128	INFASURF	126
HYPERRHO S/D	128	INFINITY METER KIT	66
HYPERTET S/D (PF)	128	INFINITY STARTER KIT	66
HYPOLANCE AST LANCING	66	INFINITY TEST STRIPS	79
I			
		INFLUENZA A (H1N1) VAC 09 (PF)	128
ibuprofen	48	INFLUENZA A(H1N1)VAC 2009 LIVE	128
ibuprofen-oxycodone	55	INFUMORPH P/F	48
ibutilide fumarate	30	INJECT-EASE AUTOMATIC INJECTOR	66
ICAR-C PLUS	146	INNOHEP	22
ICAR-C PLUS SR	146	INNOVO	66
IDAMYCIN PFS	12	INOVA	136
idarubicin	12	INOVA 4-1	136
IFEX	12	INPERSOL/1.5% DEXTROSE	85
ifosfamide	12	inpersol/4.25% dextrose	85
ifosfamide-mesna	12	INS SYRINGE/NEEDLE 0.5CC/27G	67
ILOTYCIN	94	INSULIN CARTRIDGE	67
IMDUR	30	INSULIN NEEDLES (DISPOSABLE)	68, 70
imipramine hcl	48	INSULIN PEN NEEDLE	67
imipramine pamoate	48	INSULIN SYRINGE	67
imiquimod	136	INSULIN SYRINGE MICROFINE	67
IMOGRAB RABIES-HT (PF)	128	INSULIN SYRINGE NEEDLESS(DISP)	63
IMOVAR RABIES VACCINE	128	INSULIN SYRINGE ULTRAFINE	67
IN CONTROL PEN NEEDLE	66	INSULIN SYRINGE-NEEDLE U-100	63, 64, 66, 67, 71, 72,
inamrinone	30		
inalat advance	146		
inalat gt	146	INSULIN SYRINGES (DISPOSABLE)	67
inalat ultra	146	INSUMED	67
INCRELEX	109	INSUPEN	67

INTAL	126	isosorbide dinitrate	30
INTEGRILIN	22	isosorbide mononitrate	30
INTRALIPID	85	isradipine	30
INTROL	94	ISTALOL	94
introvale	109	ISTODAX	12
INTUNIV ER	48	ISUPREL	18
INVEGA	48, 49	IV PREP WIPES	136
INVEGA SUSTENNA	49	IXEMPRA	12
IONOSOL-B IN D5W	85	IXIARO (PF)	128
IONOSOL-MB IN D5W	85		J
IOPIDINE	94	JALYN	121
IPOL	128	jantoven	22
ipratropium bromide	18, 94	JANUMET	109
ipratropium-albuterol	18	JANUVIA	109
IQUIX	94	JE-VAX	128
IRESSA	12	jevantique	109
irinotecan	12	jinteli	109
ISMO	30	jolessa	109
isoditrate	30	jolivette	109
ISOLYTE-H IN D5W	85	junel fe 1.5/30 (28)	109
ISOLYTE-M IN D5W	85	junel fe 1/20 (28)	109
ISOLYTE-P IN D5W	85	junel 1.5/30 (21)	109
ISOLYTE-S	85	junel 1/20 (21)	109
ISOLYTE-S IN D5W	85		K
ISOLYTE-S PH 7.4	85	k-effervescent	85
isoproterenol hcl	18	K-PHOS MF	85
ISOPTIN SR	30	K-PHOS NO 2	85
ISOPTO ATROPINE	94	K-PHOS ORIGINAL	85
ISOPTO CARPINE	94	K-PHOS-NEUTRAL	85
ISOPTO HOMATROPINE	94	k-prime	85
ISOPTO HYOSCINE	94	K-TAB	85
ISORDIL	30	KADIAN	49
ISORDIL TITRADOSE	30	kalexate	85

KAON CL-10	85	kuric	137
KAPIDEX	99	KUVAN	121
KAPVAY	31		L
kariva	109	labetalol	31
KAYEXALATE	85	LAC-HYDRIN	137
kelnor 1/35 (28)	109	laclotion	137
KENALOG	109, 136	LACRISERT	94
KEPIVANCE	136	lactated ringers	86
KEPPRA	49	lactocal-f	146
KERAFOAM	136	lactulose	86
keralac	136	LADY LITE LANCETS	68
KERALAC NAILSTIK	136	LAGESIC	49
KERALYT RX	137	LAMICTAL	49
keratol plus	137	LAMICTAL ODT	49
KEROL REDI-CLOTHS	137	LAMICTAL ODT STARTER (BLUE)	49
KETO-DIASTIX	79	LAMICTAL ODT STARTER (GREEN)	49
ketoconazole	137	LAMICTAL ODT STARTER (ORANGE)	49
ketoprofen	49	LAMICTAL STARTER (BLUE) KIT	49
ketorolac	94	LAMICTAL STARTER (GREEN) KIT	49
KEYNOTE	79	LAMICTAL STARTER (ORANGE) KIT	49
KINLYTIC	22	LAMICTAL XR	49, 50
KINRIX	128	LAMICTAL XR STARTER (BLUE)	50
kionex	85	LAMICTAL XR STARTER (GREEN)	50
KLARON	137	LAMICTAL XR STARTER (ORANGE)	50
klor-con	86	lamotrigine	50
klor-con m10	86	LANCETS	68
klor-con m15	86	LANCETS, SUPER THIN	68
klor-con m20	86	LANCETS, THIN	68
KLOR-CON 10	85	LANCETS, ULTRA THIN	68
klor-con/ef	86	LANCING DEVICE	72
kolnatal dha	146	LANCING DEVICE WITH LANCETS	64, 68
KOMBIGLYZE XR	109	LANCING SYSTEM	68
KRISTALOSE	86	LANOXIN	31

LANOXIN PEDIATRIC	31	levocarnitine	122
lansoprazole	99	levocarnitine (with sucrose)	122
LANTUS	109	levocetirizine	86
LANTUS SOLOSTAR	109	levofloxacin	94
lapase	99	levomefolatepnv	146
LASIX	86	LEVOPHED BITARTRATE	18
latanoprost	94	levora-28	109
LATUDA	50	levorphanol tartrate	50
lavoclen-4	137	LEVOTHROID	109, 110
lavoclen-4 (new cleanser)	137	levothyroxine	110
lavoclen-8	137	LEVOXYL	110
lavoclen-8 (new cleanser)	137	LEVULAN	137
LAZERFORMALYDE	137	LEXAPRO	50
leena 28	109	LIALDA	99
leflunomide	121	LIBERTY BLOOD GLUCOSE MONITOR	68
LESCOL	31	LIBERTY TEST	79
LESCOL XL	31	LIDAMANTLE HC	137
lessina	109	lidocaine (pf)	31, 117
LETAIRIS	31	lidocaine hcl	94, 117,
letrozole	12	.....	137
leucovorin calcium	121, 122	lidocaine in d5w (pf)	31
LEUKERAN	12	lidocaine in d7.5w (pf)	117
LEUKINE	22	lidocaine viscous	94
leuprolide	12	lidocaine-epinephrine	117
LEUSTATIN	12	lidocaine-epinephrine (pf)	117
LEVACET	50	lidocaine-epinephrine bit	117
levalbuterol hcl	18	lidocaine-hydrocortisone ac	137
LEVATOL	31	lidocaine-prilocaine	137
LEVEMIR	109	LIDODERM	137
LEVEMIR FLEXPEN	109	LIFE MED BLOOD GLUCOSE MONITOR	68
levetiracetam	50	LIFESCAN FINEPOINT LANCETS	68
LEVLEN (28)	109	LIMBITROL	50
levobunolol	94	lindane	137

LIORESAL	18	LOTRONEX	100
liothyronine	110	lovastatin	32
LIPITOR	31	LOVAZA	32
LIPOSYN II	86	LOVENOX	22
LIPOSYN III	86	low-ogestrel (28)	111
lisinopril	31	loxapine succinate	50, 51
lisinopril-hydrochlorothiazide	31	LOXITANE	51
LITE TOUCH INSULIN PEN NEEDLES	68	lozi-flur	122
LITE TOUCH INSULIN SYRINGE	68	LTA PRE-ATTACHED	137
LITE TOUCH LANCETS	68	Iudent fluoride	122
LITE TOUCH LANCING DEVICE	68	LUFYLLIN	144
lithium carbonate	50	lugols	137
lithium citrate	50	LUMIGAN	94
LO-OVRAL (28)	110	LUMIZYME	91
LOCOID	137	LUNESTA	51
LOCOID LIPOCREAM	137	LUPRON DEPOT	12
LOESTRIN FE 1.5/30 (28)	110	LUPRON DEPOT (3 MONTH)	12
LOESTRIN FE 1/20 (28)	111	LUPRON DEPOT (4 MONTH)	12
LOESTRIN 1.5/30 (21)	110	LUPRON DEPOT (6 MONTH)	12
LOESTRIN 1/20 (21)	110	LUPRON DEPOT-PED	13
LOESTRIN 24 FE	110	LUPRON DEPOT-PED (3 MONTH)	12, 13
lokara	137	lutera (28)	111
loperamide	99	LUVOX CR	51
LOPRESSOR	31	LYBREL	111
LOPRESSOR HCT	31	LYRICA	51
loryna	111	LYSODREN	13
losartan	31		M
losartan-hydrochlorothiazide	32	M-M-R II (PF)	128
LOSEASONIQUE	111	M-VIT	146
LOTEMAX	94	MAGELLAN INSULIN SAFETY SYRNG	68
LOTENSIN	32	MAGELLAN SYRINGE	68
LOTENSIN HCT	32	MAGNEBIND 400	86
LOTRISONE	137	magnesium chloride	51

magnesium sulfate	51	meclizine	100
magnesium sulfate in d5w	51	meclofenamate	51
MAJOR COMFORT	68	MEDI-JECTOR NEEDLE-FREE SYR A	68
malathion	138	MEDI-JECTOR NEEDLE-FREE SYR B	68
mannitol 10 %	86	MEDI-JECTOR NEEDLE-FREE SYR C	68
mannitol 15 %	86	MEDI-JECTOR VISION	68
mannitol 20 %	86	MEDI-LANCE LANCETS	68
mannitol 25 %	86	MEDISENSE	68
mannitol 5 %	86	MEDISENSE CONTROLS 1-HI 1-LO	68
maprotiline	51	MEDISENSE GLUCOSE KETONE	69
MARCAINE	118	MEDLANCE PLUS LANCETS	69
MARCAINE (PF)	117	MEDROL	111
MARCAINE SPINAL	118	MEDROL (PAK)	111
MARCAINE-EPINEPHRINE	118	medroxyprogesterone	111
MARCAINE-EPINEPHRINE (PF)	118	MEGACE ES	13
margesic-h	51	megestrol	13
MARNATAL-F	146	meloxicam	51
MARNATAL-F PLUS	146	melphalan	13
MARPLAN	51	MEMBRANEBLUE	79
maternity	146	MENACTRA (PF)	128
MATULANE	13	MENOMUNE - A/C/Y/W-135	128
MAVIK	32	MENOMUNE - A/C/Y/W-135 (PF)	128
MAXAIR AUTOHALER	18	MENOSTAR	111
MAXALT	51	MENTAX	138
MAXALT-MLT	51	MENVEO A-C-Y-W-135-DIP (PF)	128
MAXIDEX	94	mepivacaine (pf)	118
MAXIDONE	51	meprolone unipak	111
MAXIMA	79	mercaptopurine	13
MAXINATE	146	MERUVAX II (PF)	128
MAXITROL	95	mesalamine	100
MAXZIDE	86	mesalamine-cleansing wipes	100
MAXZIDE-25MG	86	mesna	122
mebendazole	128	MESNEX	122

MESTINON TIMESPAN	18	METROCREAM	138
metaproterenol	18	metronidazole	138
metaxalone	18	METVIXIA	138
metformin	111	mexiletine	32
methadex	95	miconazole-3	138
methadone	52	MICRHOGAM ULTRA-FILTERED	128
methadone intensol	52	MICRHOGAM ULTRA-FILTERED PLUS	128
methadose	52	MICRO BLOOD GLUCOSE	69, 79
methamphetamine	52	MICRO THIN LANCETS	69
methazolamide	95	MICRO-K	86
METHERGINE	125	MICRODOT BLOOD GLUCOSE SYSTEM	79
methimazole	111	microgestin fe 1.5/30 (28)	111
methocarbamol	18	microgestin fe 1/20 (28)	111
methotrexate sodium	13	microgestin 1.5/30 (21)	111
methotrexate sodium (pf)	13	microgestin 1/20 (21)	111
methscopolamine	18	MICROLET LANCET	69
methyclothiazide	86	MICROLET 2 LANCING DEVICE	69
methyl salicylate	52	MICROZIDE	86
methyldopa	32	MIDAMOR	86
methyldopa-hydrochlorothiazide	32	midodrine	18
methyldopate	32	migergot	18
methylene blue (antidote)	122	MIGRAL	18
methylergonovine	125	milrinone	32
methylphenidate	52	milrinone in d5w	32
methylprednisolone	111	mimvey	112
methylprednisolone acetate	111	MINI ULTRA-THIN II	69
methylprednisolone sodium succ	111	MINI WRIGHT PEAK FLOW METER	69
metipranolol	95	MINI-WRIGHT PEAK FLOW METER	69
metoclopramide	100	MINIMED SYRINGE RESERVOIR	69
metolazone	86	MINIPRESS	33
metoprolol succinate	32	minitran	33
metoprolol tartrate	32	minoxidil	33
metoprolol-hydrochlorothiazide	32	MIOCHOL-E	95

MIOSTAT	95	MULTI-NATE 30 DHA	146
MIRCETTE	112	multi-vitamin with fluoride	146
mirtazapine	52	multinatal plus	146
misoprostol	100	multivitamin with fluoride	147
mitomycin	13	multivitamins-fluoride-folic a	147
mitoxantrone	13	MUMPSVAX (PF)	128
MOBAN	52	mupirocin	138
MODICON (28)	112	MUROCOLL-2	95
moexipril	33	MUSTARGEN	13
moexipril-hydrochlorothiazide	33	MVC-FLUORIDE	147
mometasone	138	myci chlor-tan	86
MONOJECT INSULIN SAFETY SYRING	69	mycophenolate mofetil	122
MONOJECT INSULIN SYRINGE	67, 69	MYDFRIN	95
MONOJECT SYRINGE	69	mydral	95
MONOJECT ULTRA COMFORT INSULIN	69	MYDRIACYL	95
MONOJECTOR LANCET DEVICE	69	MYFORTIC	122
MONOKET	33	MYGLUCOHEALTH	79
MONOLET LANCETS	69	MYKIDZ IRON FLUORIDE	147
MONOLET THIN LANCETS	69	MYLERAN	13
mononessa (28)	112	MYLOTARG	13
MONOPRIL	33	MYNATAL	147
morphine	52, 53	mynatal advance	147
morphine (pf)	52, 53	mynatal plus	147
morphine (pf) in d5w	52	mynatal-z	147
morphine concentrate	53	mynate 90 plus	147
MOVIPREP	100	MYOBLOC	122
MOXEZA	95	MYOCHRYSSINE	102
MOZOBIL	22	myophen	53
mst 600	53	MYOZYME	91
MULTAQ	33	MYTELASE	18
MULTI-LANCET DEVICE	69		N
MULTI-NATE DHA EXTRA	146	NABI-HB	128
multi-nate 30	146	nabumetone	53

nadolol	33	necon 7/7/7 (28)	112
adolol-bendroflumethiazide	33	NEEDLE-PRO EDGE	69, 70
NAFTIN	138	NEEVO	147
NAGLAZYME	91	NEEVO DHA	147
nalbuphine	53	nefazodone	54
nalex a 12	86	neo-polycin	95
NALFON	53	NEO-SYNEPHRINE	19
naloxone	53	NEOBENZ MICRO	138
naltrexone	53	NEOBENZ MICRO CREAM PLUS PACK	138
NAMENDA	53	NEOBENZ MICRO SD	138
NAMENDA TITRATION PAK	53	NEOCIDIN	95
naproxen	53	neofrin	95
naproxen sodium	53, 54	neomycin-bacitracin-poly-hc	95
naratriptan	54	neomycin-bacitracin-polymyxin	95
NARDIL	54	neomycin-polymyxin b gu	138
NAROPIN	118	neomycin-polymyxin-dexameth	95
NAROPIN (PF)	118	neomycin-polymyxin-gramicidin	95
NASONEX	95	neomycin-polymyxin-hc	95
NATACHEW	147	neosporin	95
NATACYN	95	NEOSPORIN GU IRRIGANT	138
NATAFORT	147	neostigmine methylsulfate	19
NATALVIT	147	NEPHRAMINE 5.4 %	86
NATAZIA	112	NESACAIN	118
nateglinide	112	NESACAIN-MPF	118
NATELLE C	147	NEULASTA	22
NATELLE-EZ	147	NEUMEGA	22
NATRECOR	33	NEUPOGEN	22, 23
NAVANE	54	NEURONTIN	54
navatab + dha	147	NEUT	87
necon 0.5/35 (28)	112	neutragard	122
necon 1/35 (28)	112	neutragard advanced	122
necon 1/50 (28)	112	NEVANAC	95
necon 10/11 (28)	112	NEXAVAR	13

NEXAVIR	122	norgestimate-ethinyl estradiol	112
NEXIUM	100	norgestrel-ethinyl estradiol	112
NEXIUM PACKET	100	NORINYL 1+35 (28)	112
NEXTERONE	33	NORINYL 1+50 (28)	112
niacor	33	NORITATE	138
NIASPAN EXTENDED-RELEASE	33	NORMOSOL-M IN D5W	87
nicardipine	33	NORMOSOL-R	87
NICOTROL	19	NORMOSOL-R IN D5W	87
NICOTROL NS	19	NORMOSOL-R PH 7.4	87
nifediac cc	33	NORPACE CR	34
nifedical xl	33	NORPRAMIN	54
nifedipine	33	nortrel 0.5/35 (28)	112
NILANDRON	13	nortrel 1/35 (21)	112
NIMBEX	19	nortrel 1/35 (28)	112
nimodipine	34	nortrel 7/7/7 (28)	112
NIPENT	13	nortriptyline	54
nisoldipine	34	NOVA MAX GLUCOSE TEST	79
NITRO-DUR	34	NOVA SUREFLEX LANCETS	70
nitroglycerin	34	NOVANTRONE	13
nitroglycerin in d5w	34	NOVOFINE AUTOCOVER	70
NITROLINGUAL	34	NOVOFINE 30	70
NITROPRESS	34	NOVOFINE 32	70
NITROSTAT	34	NOVOLIN N	112
nizatidine	100	NOVOLIN N INNOLET	112
NIZORAL	138	NOVOLIN N PENFILL	112
NOR-QD	112	NOVOLIN R	112
nora-be	112	NOVOLIN R INNOLET	112
NORDETTE-28	112	NOVOLIN R PENFILL	112
NOREL SR	87	NOVOLIN 70/30	112
norepinephrine bitartrate	19	NOVOLIN 70/30 INNOLET	112
norethindrone (contraceptive)	112	NOVOLIN 70/30 PENFILL	112
norethindrone acetate	112	NOVOLOG	112
NORFLEX	19	NOVOLOG FLEXPEN	112

NOVOLOG MIX 70-30	112	OCTAGAM	128
NOVOLOG MIX 70-30 FLEXPEN	112	octreotide acetate	122
NOVOLOG PENFILL	112	ocucoat	95
NOVOPEN JR	70	OCUFEN	95
NOVOPEN 3	70	OCUFLUX	95
NOVOPEN 3 PENMATE	70	ofloxacin	95
NOVOTWIST	70	OFORTA	13
ns with potassium chloride	85	ogestrel (28)	113
nulev	19	OLUX-E	138
NULOJIX	122	OLUX-OLUX-E (100/10)	138
NULYTLY WITH FLAVOR PACKS	100	omeprazole	100
NUTRESTORE	100	omeprazole-sodium bicarbonate	100
NUTRILYTE	87	OMNARIS	95
nutrilyte ii	87	OMNITROPE	113
NUTRIPORT BALLOON	70	ONCASPAR	13
NUVARING	112	ondansetron	100
nuzole	138	ondansetron (pf) in dextrose	100
NUZON	138	ondansetron (pf) in nacl (iso)	100
ny-tannic	87	ondansetron hcl	100
nyamyc	138	ondansetron hcl (pf)	100
nystatin	138	ONE TOUCH BASIC SYSTEM	70
NYSTATIN (BULK)	138	ONE TOUCH DELICA LANC DEVICE	70
nystatin-triamcinolone	138	ONE TOUCH DELICA LANCETS	70
nystop	138	ONE TOUCH SURESOFT LANCING DEV	70
O			
		ONE TOUCH TEST	79
O-CAL FA	147	ONE TOUCH ULTRA SMART	70
O-CAL PRENATAL	147	ONE TOUCH ULTRA SYSTEM KIT	70
ob-natal one	147	ONE TOUCH ULTRA TEST	79
obstetrix dha	147	ONE TOUCH ULTRA 2	70
OBSTETRIX EC	147	ONE TOUCH ULTRALINK	70
OBTREX	147	ONE TOUCH ULTRAMINI	70
OBTREX DHA	147	ONE TOUCH ULTRASOFT LANCETS	70
ocella	112	ONGLYZA	113

ONTAK	13	oticin	95
onxol	13	otogesic	96
OPANA ER	54	OVACE PLUS SHAMPOO	139
OPTIPRANOLOL	95	OVCON-35 (28)	113
OPTION EZ	79	OVCON-50 (28)	113
OPTION GLUCOSE MONITOR SYSTEM	70	OVIDE	139
OPTION TEST	79	oxaliplatin	13
ORACIT	87	OXALIS	139
oralone	138	oxandrolone	113
ORAP	54	oxaprozin	54
ORAPRED	113	oxcarbazepine	54
ORAPRED ODT	113	OXISTAT	139
ORASEP	95	OXSORALEN	139
ORFADIN	122	OXSORALEN ULTRA	139
orphenadrine citrate	19	oxybutynin chloride	144
ORSINI INSULIN SYRINGE	70	oxycodone	55
orsythia	113	oxycodone hcl-oxycodone-asa	55
ORTHO EVRA	113	oxycodone-acetaminophen	54, 55
ORTHO MICRONOR	113	oxycodone-aspirin	55
ORTHO TRI-CYCLEN (28)	113	oxymorphone	55
ORTHO TRI-CYCLEN LO	113	oxytocin	125
ORTHO-CEPT (28)	113		P
ORTHO-CYCLEN (28)	113	PACERONE	34
ORTHO-NOVUM 1/35 (28)	113	paclitaxel	13
ORTHO-NOVUM 7/7/7 (28)	113	PAIN EASE	139
ORTHOCLONE OKT3	122	pair ob plus dha	147
oscion	138, 139	palgic	87
OSMITROL 10 %	87	pamidronate	122, 123
OSMITROL 15 %	87	PANCREASE MT 20	101
OSMITROL 20 %	87	PANCREASE MT 4	101
OSMITROL 5 %	87	PANCREAZE	101
OSMOPREP	100	PANCRECARB MS-16	101
otic edge	95	PANCRECARB MS-4	101

PANCRECARB MS-8	101	pentostatin	13
pancrelipase ec	101	pentoxifylline	23
pancrelipase 4500	101	pentoxil	23
pancrelipase 5000	101	perindopril erbumine	34, 35
pancuronium	19	PERIO MED	123
PANDEL	139	periogard	96
PANHEMATIN	123	PERIOSTAT	96
PANRETIN	139	PERISOL	96
pantoprazole	101	permethrin	139
papaverine	34	perphenazine	55
PARADIGM RESERVOIR	70	perphenazine-amitriptyline	55
parcaine	96	PHARMACIST CHOICE	79
paregoric	101	phenadoz	87
PAREMYD	96	phenazopyridine	139
paroxetine hcl	55	phenelzine	55
PATADAY	96	PHENERGAN	87
PATANASE	96	phentolamine	19
PATANOL	96	phenylephrine hcl	19, 96
pe-cpm-msn	87	PHENYTEK	55
pedi mvi no.12-sod fluoride	146, 147	phenytoin	55
pedi mvi no.16 with fluoride	146, 147	phenytoin sodium	56
pedi-dri	139	phenytoin sodium extended	56
PEDIAPRED	113	PHOS-FLUR	123
PEDIARIX (PF)	129	PHOSLO	87
PEDVAX HIB (PF)	129	PHOSLYRA	87
peg 3350-electrolytes	101	phospha 250 neutral	87
peg-electrolyte soln	101	PHOSPHOLINE IODIDE	96
peg-3350 with flavor packs	101	PHOTOFRIN	13
PEGANONE	55	PHYSIOLYTE	87
PEN NEEDLE	67, 70	PHYSIOSOL IRRIGATION	87
PENLET PLUS BLOOD SAMPLER	70	pilocarpine hcl	19, 96
PENTACEL	129	PILOPINE HS	96
PENTASA	101	pindolol	35

pinnacaine	96	potassium bicarb-citric acid	87
piroxicam	56	potassium chloride	87, 88
PITOCIN	125	potassium citrate	87
PITRESSIN	113	potassium citrate-citric acid	87
PLASMA-LYTE A	87	potassium phosphate dibasic	88
PLASMA-LYTE 148	87	pr natal 400	148
PLASMA-LYTE-56 IN D5W	87	pr natal 400 ec	148
PLAVIX	23	pr natal 430	148
PLETAL	23	pr natal 430 ec	148
pnv ob+dha	147	pr natal 440 ec	148
pnv-dha	147	PR OTIC SOLUTION	96
pnv-iron	147	PRADAXA	23
pnv-omega	147	pramipexole	56
pnv-select	147	PRAMOTIC	96
pnv-total	147	pramox	139
POCKETCHEM EZ	70, 79	PRANDIN	113
podocon	139	pravastatin	35
podofilox	139	prazosin	35
polocaine	118	PRECARE	148
polocaine (pf)	118	PRECARE CONCEIVE	148
poly iron pn	147	PRECARE PREMIER	148
poly iron pn forte	147	PRECEDEX	56
poly-dex	96	PRECISION	70, 71
POLY-PRED	96	PRECISION GLUCOSE CONTROL SOLN	71
poly-vitamin/fluoride/iron	147	PRECISION GLUCOSE/KETONE CONTR	71
poly-650	40	PRECISION PCX PLUS TEST	79
polycin b	96	PRECISION PCX TEST	79
polyethylene glycol 3350	101	PRECISION POINT OF CARE TEST	80
POLYTRIM	96	PRECISION Q-I-D TEST	80
PONTOCAINE	118, 139	PRECISION SOF-TACT TEST	80
portia	113	PRECISION SURE-DOSE	71
potassium acetate	87	PRECISION SURE-DOSE INSULIN	71
potassium bicarb & chloride	88	PRECISION SUREDOSAGE PLUS	71

PRECISION XTRA MONITOR	71	PRENATE ELITE (NEW FORM)	148
PRECISION XTRA TEST	80	PRENATE ESSENTIAL	148
PRECOSE	113	prenate plus	148
PRED FORTE	96	PREPIDIL	125
PRED MILD	96	PREQUE 10	148
PRED-G	96	PRESTIGE BLOOD GLUCOSE MONITOR	71
PRED-G S.O.P.	96	PRESTIGE LX	71
prednicarbate	139	PRESTIGE LX BLOOD GLUCOSE KIT	71
prednisol	96	PRESTIGE SMART SYSTEM	71
prednisolone	113	PRESTIGE SMART SYSTEM IQ KIT	71
prednisolone acetate	96	PRESTIGE SMART SYSTEM METER	71
prednisolone sodium phosphate	96, 113	PRESTIGE SMART SYSTEM TEST	80
prednisone	113, 114	PRESTIGE SMART SYSTEM VALUE PK	71
prednisone intensol	114	PRESTIGE TEST	80
PREFEST	114	PRESTIGE VALUE PACK	71
PRELONE	114	prevalite	35
PREMARIN	114	PREVIDENT	123
PREMASOL 10 %	88	PREVIDENT 5000 BOOSTER	123
PREMASOL 6 %	88	PREVIDENT 5000 DRY MOUTH	123
PREMESIS RX	148	PREVIDENT 5000 ENAMEL PROTECT	123
prenacare	148	PREVIDENT 5000 PLUS	123
prenafirst	148	PREVIDENT 5000 SENSITIVE	123
prenaplus	148	previfem	114
PRENATABS FA	148	previt+dha	148
PRENATABS RX	148	previte rx	148
prenatal ad	148	PREVNAR 13	129
prenatal low iron	148	PRIALT	56
prenatal multivit with iron	148	PRIMACARE ADVANTAGE	148
prenatal plus (calcium carb)	148	PRIMACARE ONE	148
prenatal plus with iron (ca)	148	primalev	56
prenatal 19	148	primidone	56
PRENATAL-U	148	PRINIVIL	35
PRENATE DHA	148	PRINZIDE	35

PRISMASOL BGK	88	PROGLYCEM	35
PRISTIQ	56	PROGRAF	123
privigen	129	PROLASTIN	126
pro-hyo chewable melt	19	PROLASTIN C	126
PROAIR HFA	19	PROLEUKIN	13
PROAMATINE	19	PROLIA	123
probenecid	88	PROMACTA	23
procainamide	35	promethegan	88
PROCALAMINE 3%	88	PROMETRIUM	114
PROCHIEVE	114	propafenone	35
prochlorperazine	101	propantheline	19
prochlorperazine edisylate	101	proparacaine	96
prochlorperazine maleate	101	propranolol	35
PROCRIT	23	propranolol-hydrochlorothiazid	35
proto-pak	139	propylthiouracil	114
PROCTOCORT	139	PROQUAD	129
proctocream-hc	139	PROSOL 20%	88
proctosol hc	139	PROSTIGMIN	19
protozone-hc	139	PROSTIN E2	125
PRODIGY	80	protamine	23
PRODIGY AUTOCODE METER	71	PROTID	88
PRODIGY AUTOCODE TEST STRIPS	80	PROTONIX	101
PRODIGY CONTROL SOLUTION,HIGH	71	protriptyline	56
PRODIGY EJECT TEST STRIPS	80	PROVENTIL HFA	19
PRODIGY INSULIN SYRINGE	71	PROVERA	114
PRODIGY LANCETS	71	provisc	71
PRODIGY NO CODING	80	pruet dha	148
PRODIGY PEN NEEDLE	71	pruet dha ec	148
PRODIGY POCKET METER	71	PUBLIX LANCET	71
PRODIGY TWIST TOP LANCET	71	PULMOZYME	91
PRODIGY VOICE GLUCOSE TEST	80	PURINETHOL	13
progesterone	114	PYRIDIUM	139
progesterone in oil	114	pyridostigmine bromide	19

PYRIL D	88	re-u40	139
pyril-chlor-phen	88	REBIF	123
PYROGALLIC ACID	139	REBIF TITRATION PACK	123
Q			
		RECLAST	123
qflex	56	reclipsen (28)	114
quasense	114	RECOMBIVAX HB (PF)	129
QUESTRAN	36	REFLUDAN	23
QUESTRAN LIGHT	36	REFUAH PLUS	80
QUICKTEK	71	REGONOL	19
QUICKTEK TEST	80	REGRANEX	140
quinapril	36	relagard	140
quinapril-hydrochlorothiazide	36	RELAGESIC	56
quinidine gluconate	36	RELION CONFIRM	71
quinidine sulfate	36	RELION NEEDLES	72
QUIXIN	96	RELION ULTIMA	80
QVAR	114	RELION ULTRA THIN PLUS LANCETS	72
R			
		RELISTOR	101
r-tanna	88	relnate dha	149
RABAVERT (PF)	129	remeven	140
RADIOGARDASE	88	REMICADE	123
ramipril	36	REMODULIN	36
RANEXA	36	RENACIDIN	88
ranitidine hcl	101	renaf	123
RAPAFLO	19	RENAMIN 6.5 %	88
RAPAMUNE	123	renate	149
re dualvit ob	148	RENATE DHA	149
re multivit-fluoride	148	RENATE DHA EXTRA	149
re ob + dha	148	RENEW ADVANCED MICRO-LANCETS	72
RE OB 90 + DHA	148	RENELA	88
re sa	139	REOPRO	23
re urea 40	139	REQUIP XL	56
re-nata 29	149	RESECTISOL	88
re-nata 29 ob	149	reserpine	36

RESPA-AR	88	ropinirole	57
RESTASIS	96	ROSAC WASH	140
REUSABLE NEBULIZER KIT	72	ROSULA	140
REVATIO	36	ROSULA NS	140
revia	56	ROTARIX	129
REVLIMID	13, 14	ROTATEQ VACCINE	129
revonto	19	rovin-nv	149
RHEUMATREX	14	rovin-nv dha	149
rhinoflex	56	roxicet	57
rhinoflex-650	56	ru-tuss	88
RHOGAM ULTRA-FILTERED	129	RYNATAN	89
RHOGAM ULTRA-FILTERED PLUS	129	RYNATAN PEDIATRIC	88
RHOPHYLAC	129		S
RIASTAP	23	SABRIL	57
RIDAURA	102	SAFE-T-PRO LANCETS	72
RIGHTEST GS550 TEST STRIPS	80	SAFESNAP INSULIN SYRINGE	72
RILUTEK	56	SAFETY-LET LANCETS	72
RIMSO-50	140	SAIZEN	114
ringers	88	SAIZEN CLICK.EASY	114
RIOMET	114	salacyn	140
RISPERDAL	56	SALEX	140
RISPERDAL CONSTA	56	salicylic acid	140
RISPERDAL M-TAB	56, 57	salitop	140
risperidone	57	salsalate	57
risperidone m-tab	57	SAMSCA	89
RITUXAN	14	SANCTURA XR	144
rivastigmine	19	SANDOSTATIN	123
ROBINUL	19	SANDOSTATIN LAR DEPOT	123
ROBINUL FORTE	19	SANTYL	140
ROCALTROL	149	SAPHRIS	57
rocuronium	19	SAVELLA	57, 58
ROMAZICON	57	scalacort	140
romycin	96	scalp treatment kit	140

se-care	149	setonet	149
se-care conceive	149	SETONET-EC	149
se-care gesture	149	sf	123
se-natal one	149	sf 5000 plus	124
se-natal 19	149	SILVADENE	140
se-natal 90	149	silver nitrate	140
se-plete dha	149	silver sulfadiazine	140
se-tan dha	149	SIMCOR	36
SEASONIQUE	114	SIMULECT	124
SELECT-LITE	72	simvastatin	36
SELECT-LITE LANCING DEVICE	72	SINGLE-LET	72
SELECT-OB	149	SINGULAIR	126
SELECT-OB + DHA	149	sinuhist	89
selegiline hcl	58	SKELID	124
selenium sulfide	140	SMART CARESENS N TEST STRIPS	80
selenos	140	SMARTEST LANCET	72
SELSEB	140	SMARTEST TEST	80
SEMPREX-D	89	sodiphluor	124
SENSIPAR	123	sodium acetate	89
SENSORCAINE	118	sodium bicarbonate	89
SENSORCAINE-MPF	118	sodium chloride	89
sensorcaine-mpf spinal	118	sodium chloride 0.45 %	89
sensorcaine-mpf/epinephrine	118	sodium chloride 0.9 %	89
sensorcaine/epinephrine	118	sodium chloride 3 %	89
SENSURA CLICK OSTOMY POUCH	72	sodium chloride 5 %	89
SENSURA FLEX OSTOMY BASE PLATE	72	SODIUM EDECIN	89
SENSURA FLEX OSTOMY POUCH	72	sodium fluoride	121, 122,
SENSURA OSTOMY BASE PLATE	72		124
SEREVENT DISKUS	19	sodium lactate	89
SEROQUEL	58	sodium nitrite	124
SEROQUEL XR	58	sodium phosphate	89
SEROSTIM	114	sodium polystyrene sulfonate	89
sertraline	58	sodium thiosulfate	124

SOF-TACT TEST	80	STALEVO 100	58
SOFT TOUCH LANCET DEVICE	72	STALEVO 125	58
SOFT TOUCH LANCETS	72	STALEVO 150	58
SOLARAZE	140	STALEVO 200	58
SOLIA	114	STALEVO 50	58
SOLO V2 LANCETS	72	STALEVO 75	58
SOLO V2 TEST STRIPS	80	stannous fluoride	124
SOLU-CORTEF	114	STAT-LET COMFORT THIN LANCETS	72
SOLU-CORTEF (PF)	114	STAVZOR	58
SOLU-MEDROL	115	STELARA	141
SOLU-MEDROL (PF)	114, 115	STERILE GAUZE PAD	125
SOMATULINE DEPOT	124	STERILE PADS	125
SOMAVERT	115	STERILE STRETCH GAUZE BANDAGE	125
somnote	58	STIMATE	115
sorbitol-mannitol	89	STRATTERA	58
SORIATANE	140	STRIANT	115
SORIATANE CK	140	STROMECTOL	129
sorine	36	sucralfate	101
sotalol	37	SUDAL 12 TANNATE	89
sotalol af	37	sufentanil citrate	58
sotret	140, 141	sulfac	96
SPIRIVA WITH HANDIHALER	19	sulfacetamide sod-sulfur-urea	140
spironolacton-hydrochlorothiaz	37	sulfacetamide sodium	96
spironolactone	37	sulfacetamide sodium (acne)	141
SPRAY AND STRETCH	141	sulfacetamide sodium-urea	140, 141
sprintec (28)	115	sulfacetamide-prednisolone	96
SPRYCEL	14	sulfamide	97
SPS	89	SULFAMYLON	141
sronyx	115	sulfatol	141
SSD	141	sulindac	58
SSD AF	141	sulzee	141
STAFLLEX	58	sumatriptan	59
stagesic	58	sumatriptan succinate	59

supartz	72	SYNVISC	73
SUPER THIN LANCETS	72	SYNVISC-ONE	73
SUPREP	101	SYPRINE	102
SURE COMFORT ALCOHOL PREP PADS	141		T
SURE COMFORT INS. SYR. U-100	73	TABLOID	14
SURE COMFORT INSULIN SYRINGE	72	TACLONEX	141
SURE COMFORT LANCETS	73	tacrolimus	124
SURE COMFORT PEN NEEDLE	73	tamoxifen	14
SURE EDGE	80	tamsulosin	20
SURE EDGE BLOOD GLUCOSE METER	73	TANABID DA	89
SURE-FINE PEN NEEDLES	73	tanahist d	89
SURE-JECT INSULIN SYRINGE	73	TANDEM DHA	149
SURE-LANCE	73	TANDEM OB	149
SURE-PREP ALCHOL PREP PADS	141	TAPAZOLE	115
SURE-TEST EASYPLUS MINI	80	TARCEVA	14
SURECHECK TEST STRIPS	80	TARGETIN	14, 141
SURESTEP COMPLETE SYSTEM	73	taron a prenatal-dha	149
SURESTEP GLUCOSE CONTROL	73	taron ec calcium-dha	149
SURESTEP PRO LINEARITY	73	taron-bc	149
SURESTEP PRO TEST	80	taron-c dha	149
SURESTEP TEST	80	taron-crystals	89
SURGILANCE SAFETY LANCET	73	TARON-DUO EC	149
SURMONTIL	59	taron-ec cal	149
SURVANTA	126	taron-prex prenatal-dha	149
SUTENT	14	TASIGNA	14
syeda	115	TASMAR	59
SYMBICORT	115	TAXOTERE	14
SYMLIN	115	TAZORAC	141
SYMLINPEN 120	115	taztia xt	37
SYMLINPEN 60	115	TECHLITE AST LANCETS	73
SYNAREL	115	TECHLITE LANCETS	73
SYNERA	141	TEGRETOL XR	59
SYNTROID	115	TEKAMLO	37

TEKTURNA	37	THERMAZENE	141
TEKTURNA HCT	37	THINPRO INSULIN SYRINGE	74
TEMODAR	14	THINSET RESERVOIR	74
TENORETIC 100	37	THIOCYL	59
TENORETIC 50	37	thioridazine	59
TENORMIN	37	thiotepa	14
TERAZOL 3	141	thiothixene	59
TERAZOL 7	141	THYMOGLOBULIN	124
terazosin	37	THYROLAR-1	115
terbutaline	20	THYROLAR-1/2	115
terconazole	141	THYROLAR-1/4	115
TERRAMYCIN WITH POLYMYXIN B	97	THYROLAR-2	116
TERUMO INS SYRINGE 0.5CC/27G	73	THYROLAR-3	116
TERUMO INSULIN SYRINGE	73	TIAZAC	37, 38
TERUMO SURGUARD	73, 74	TICE BCG	129
TESTOPEL	115	ticlopidine	23
testosterone cypionate	115	TIGAN	102
testosterone enanthate	115	TIKOSYN	38
tetanus toxoid,adsorbed (pf)	129	tilia fe	116
tetanus-diphtheria toxoids-td	129	timolol maleate	38, 97
tetanus,diphtheria toxid ped-pf	127	TIMOPTIC	97
tetacaine	97	TIMOPTIC OCUDOSE	97
tetracaine hcl	97	TIMOPTIC-XE	97
TETRAVISC	97	tizanidine	20
TETRAVISC FORTE	97	TNKASE	23
TEXACORT	141	TOBRADEX	97
THALITONE	89	TOBRADEX ST	97
THALOMID	124	tobramycin sulfate	97
THAM	89	tobramycin-dexamethasone	97
theochron	144	tobrasol	97
theophylline	144	TOBREX	97
theophylline in d5w	144	tolazamide	116
THERACYS	129	tolbutamide	116

tolmetin	59	tri rx	149
TOPAMAX	59	TRI-CHLOR	141
TOPCARE CLICKFINE	74	tri-legest fe	116
TOPCARE ULTRA COMFORT	74	TRI-NORINYL (28)	116
TOPCARE UNIVERSAL1 THIN LANCET	74	tri-previfem (28)	116
topiragen	59, 60	tri-sprintec (28)	116
topiramate	60	tri-vit with fluoride & iron	149
toposar	14	tri-vitamin w/fluoride & iron	149
topotecan	14	triadvance	149
TOPROL XL	38	triamcinolone acetonide	116, 141, 142
TORISEL	14	triamterene-hydrochlorothiazid	90
torsemide	89, 90	TRIAZ	142
TPN ELECTROLYTES	90	TRIAZ CLEANSER	142
TPN ELECTROLYTES II	90	trichloroacetic acid	142
TRACLEER	38	tricitrates	90
tramadol	60	tricitrates (w/ sucrose)	90
tramadol-acetaminophen	60	TRICOR	38
TRANDATE	38	triderm	142
trandolapril	38	trifluoperazine	60
tranylcypromine	60	trifluridine	97
TRAVASOL 10 %	90	trigofen	90
TRAVATAN Z	97	trihexyphenidyl	60
trazodone	60	TRIHIBIT PRESERVATIVE FREE	129
treagan otic	97	TRILIPIX	38
TREANDA	14	trilyte with flavor packets	102
TRELSTAR	15	trimesis rx	149
TRELSTAR DEPOT	15	trimethobenzamide	102
TRELSTAR LA	15	trimethoprim-polymyxin b	96
TRENTAL	23	trinal gt	149
tretinoin	141	trinal rx 1	150
tretinoin (chemotherapy)	15	trinal ultra	150
TREXALL	15	TRINATE	150
TREXIMET	60		

trinessa (28)	116	TYZINE	97
TRIPEDIA (PF)	129		U
TRIPLE DYE	142	u-cort	142
triple vitamin with fluoride	150	ULORIC	124
TRISENOX	15	ULTI-LANCE	74
trital sr	90	ULTICARE	74, 75
triveen-duo dha	150	ULTIGUARD	75
triveen-one	150	ULTILET ALCOHOL SWAB	142
triveen-prx rnf	150	ULTILET CLASSIC LANCETS	75
triveen-ten	150	ULTILET INSULIN SYRINGE	75
triveen-u	150	ULTILET LANCETS	75
trivora (28)	116	ULTILET PEN NEEDLE	75
TROPHAMINE 10 %	90	ULTIMA MONITOR	75
TROPHAMINE 6%	90	ULTIMA TEST STRIPS	80
tropicacyl	97	ultimatecare advantage	150
tropicamide	97	ultimatecare combo	150
trospium	144	ultimatecare one	150
TRUERESULT BLOOD GLUCOSE SYSTM	74	ultimatecare one nf	150
TRUETEST HIGH GLUCOSE CONTROL	74	ULTIVA	60
TRUETEST NORMAL GLUCOSE CNTRL	74	ULTRA COMFORT INSULIN SYRINGE	75, 76
TRUETEST TEST STRIPS	80	ULTRA THIN II LANCETS	76
TRUETRACK BLOOD GLUCOSE SYSTEM	74	ULTRA THIN LANCETS	76
TRUETRACK SMART SYSTEM	74, 80	ULTRA THIN PLUS LANCETS	76
TRUETRACK TEST	80	ULTRA TLC LANCETS	76
TRUE2GO BLOOD GLUCOSE SYSTEM	74	ULTRABAG/DIANEAL PD-2/1.5% DEX	90
trust natal dha	150	ULTRABAG/DIANEAL PD-2/2.5% DEX	90
TRUZONE PEAK FLOW METER	74	ULTRABAG/DIANEAL PD-2/4.25%DEX	90
tubocurarine chloride	20	ULTRACET	60
TWINJECT AUTOINJECTOR	20	ULTRACOMFORT	76
TWINRIX (PF)	129	ULTRACOMFORT W/ CONTAINER	76
TYKERB	15	ULTRASE EC	102
TYPHIM VI	129	ULTRASE MT 12	102
TYSABRI	124	ULTRASE MT 18	102

ULTRASE MT 20	102	urea 40	142
ULTRATRAK	80	urealac	142, 143
UMECTA	142	ursodiol	102
UMECTA PD	142	UVADEX	143
UNIFINE PENTIPS	76	u40	142
UNILET COMFORTOUCH LANCET	76		V
UNILET EXCELITE II LANCET	77	VAGIFEM	116
UNILET EXCELITE LANCET	77	valproate sodium	60
UNILET G.P. LANCET	77	valproic acid	60
UNILET G.P. SUPERLITE LANCET	77	valproic acid (as sodium salt)	60
UNILET GP LANCET	77	VALSTAR	15
UNILET LANCET	77	VALTURNA	38
UNILET SUPERLITE LANCET	77	VALUSTRIP TEST STRIPS	80
UNIRETIC	38	VANDAZOLE	143
UNISTIK	77	VANDETANIB	15
UNISTIK CZT LANCET	77	VANISHPOINT SYRINGE	77
UNISTIK 1	77	VANOS	143
UNISTIK 2 DEVICE	77	VANOXIDE-HC	143
UNISTIK 2 EXTRA	77	VAQTA (PF)	129
UNISTIK 2 NORMAL LANCET&DEVICE	77	VARIVAX (PF)	129
UNISTIK 2 SUPER	77	vaso	90
UNISTIK 3	77	vasopressin	116
UNISTIK 3 COMFORT DEVICE	77	VECTIBIX	15
UNISTIK 3 COMFORT LANCET	77	vecuronium bromide	20
UNISTIK 3 EXTRA LANCET	77	VEHICLE/N	125
UNISTIK 3 NEONATAL	77	VEHICLE/N MILD	125
UNISTIK 3 NEONATAL DEVICE	77	VELCADE	15
UNISTIK 3 NORMAL LANCET	77	VELETRI	38
UNITHROID	116	velivet	116
UNIVASC	38	VELTIN	143
URAMAXIN	142	vena-bal dha	150
urea	142	venatal complete dha	150
urea nail stick	142	venlafaxine	60, 61

VENTAVIS	38	vinorelbine	15
VENTOLIN HFA	20	VIOKASE	102
VERAMYST	97	VIOKASE 16	102
verapamil	38, 39	VIOKASE 8	102
VERDESO	143	VIOS AEROSOL DELIVERY SYSTEM	77
VEREGEN	143	VIROPTIC	98
VERIPRED 20	116	vis-phos n	90
VERSICLEAR	143	VISCOAT	77
VESANOID	15	VISICOL	102
VESICARE	144	VISIONBLUE	80
VEXOL	97	vistra 650	61
VICTORY GLUCOSE TEST	80	VITAFOL-OB	150
VICTOZA	116	VITAFOL-OB+DHA	150
VIDAZA	15	VITAFOL-PN (UD)	150
VIGAMOX	97	vitanatal ob + dha	150
VIIBRYD	61	vitaphil	150
VIMOVO	61	vitaphil + dha	150
VIMPAT	61	vitaphil + dha 90	150
vinacal	150	vitaphil aide	150
vinate az	150	vitaspire	150
vinate c	150	vitazol	143
vinate calcium	150	VITRASE	91
vinate care	150	VIVA DHA	150
vinate gt	150	VIVAGLOBIN	129
vinate ic	150	VIVELLE-DOT	116
vinate ii	150	VIVITROL	61
vinate iii	150	VOLTAREN	61
vinate m	150	VOLUVEN 6 %	90
vinate one	150	VOTRIENT	15
vinate pn care	150	VPRIV	91
vinate ultra	150	VUMON	15
vinblastine	15	vynatal fa	150
vincristine	15	VYTORIN 10-10	39

VYTORIN 10-20	39	YASMIN 28	116
VYTORIN 10-40	39	YAZ 28	116
VYTORIN 10-80	39	YERVOY	15
		YF-VAX	129
	W		
warfarin	23		Z
water for irrigation, sterile	89	zaclir	143
WAVENSENSE AMP	80	zaflirlukast	126
WAVENSENSE JAZZ	80	zaleplon	61
WAVENSENSE LANCETS	77	ZANOSAR	15
WAVENSENSE PRESTO	80	zarah	116
WEBCOL	143	ZARONTIN	61
WELCHOL	39	ZAROXOLYN	90
WESTCORT	143	zatean-ch	151
WINRHO SDF	129	zatean-pn	151
	X	zatean-pn dha	151
x-viate	143	ZAVESCA	124
XALKORI	15	zazole	143
XARELTO	23	ZELBORAF	15
XELODA	15	zema-pak	116, 117
XENAZINE	61	ZEMAIRA	126
XERAC AC	143	ZEMPLAR	151
XGEVA	124	ZEMURON	20
XIGRIS	124	ZENAPAX	124
XOLAIR	126	zenchent (28)	117
XYLOCAINE	98, 118	ZENPEP	102
XYLOCAINE (CARDIAC)	39	zeosa	117
XYLOCAINE JELLY	98	zerlor	61
XYLOCAINE-EPINEPHRINE	118	ZETIA	39
XYLOCAINE-MPF	118, 119	zgesic	61
XYLOCAINE-MPF/EPINEPHRINE	119	ZIAC	39
XYREM	61	ZINECARD	124
XYZAL	90	ZINOTIC ES (WITH GLYCERIN)	98
	Y	ZIRGAN	98

ZODERM	143
ZODERM REDI-PADS	143
ZOLADEX	15
ZOLINZA	16
zolpidem	61
ZOMETA	124
zonisamide	61
ZORBTIVE	117
zorprin	61
ZORTRESS	124
ZOSTAVAX	129
zovia 1/35e (28)	117
zovia 1/50e (28)	117
ZOVIRAX	143
ZYBAN	61
ZYCLARA	143
ZYFLO CR	126
ZYLET	98
ZYLOPRIM	124
ZYMAR	98
ZYMAXID	98
ZYPREXA	61
ZYPREXA RELPREVV	61
ZYPREXA ZYDIS	62
ZYTIGA	16
 #	
0.45 % nacl-potassium chloride	87
1ST TIER UNIFINE PENTIPS	62
8-MOP	129



- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

A Health plan with a Medicare contract, available to anyone enrolled in both Part A and Part B of Medicare. A stand-alone prescription drug plan with a Medicare contract, available to anyone entitled to Part A and/or enrolled in Part B of Medicare. You must use network pharmacies, except under non-routine circumstances. Quantity limitations and restrictions may apply. Other pharmacies are available in our network. You must continue to pay your Part B premium.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week; the Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, **1-800-325-0778**; or Your Medicaid Office.

This document is available for free in alternative formats or languages. For information in other formats or languages, please call our Customer Care Department at: **1-866-396-8810**. If you use a TTY, call **711**. You can call seven days a week from 8 a.m. to 8 p.m. Our automated phone system may answer your call after 8 p.m. and on Saturdays, Sundays, and some public holidays. Just leave a message and we'll call back by the end of the next business day.

El documento está disponible en diferentes formatos o idiomas. Para recibir información en otros formatos o idiomas, por favor llame a nuestro Departamento de Servicios para Afiliados al **1-866-396-8810**. Los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m., hora del Este. Si usa un TTY, marque **711**.